

Mail request to:

**Utah Office of the Medical Examiner**

4451 South 2700 West

Taylorsville, Utah 84129

**DNA Testing Request Form\***

Name of the Deceased: \_\_\_\_\_

DOB: \_\_\_\_\_ DOD: \_\_\_\_\_

OME Case Number (if known): \_\_\_\_\_

**This instrument authorizes you to furnish and release to:**

Testing facility: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**DNA samples for the purpose of establishing paternity.**

**Other:** \_\_\_\_\_

Person authorizing request: \_\_\_\_\_

Statutory relationship to the deceased per UCA 24-6-7(3): \_\_\_\_\_

Signature of Authorizing Person: \_\_\_\_\_

Date (within 90 days of request): \_\_\_\_\_

STATE OF [State]

COUNTY OF [County]

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

(SEAL)

\* A \$25 dollar processing fee must accompany request. Make checks payable to the **Utah Medical Examiner's Office.**

The records maintained by the Office of the Medical Examiner are classified confidential and any release shall be consistent with the provisions of Utah Code Ann. § 26-4-17(3) and (4) (2004) and Utah Admin. Rule R448-20-4 2000. [rev. 11/2009]

**Forms must have original signatures. No photocopies or faxes accepted.**