

Human Remains Release Form (HRRF)

Instruction Sheet

The Vital Records Statutes and Administrative Rules governing the HRRF are: Arizona Revised Statutes (A.R.S.) §36-326(B), (C) and Arizona Administrative Code R9-19-301. The HRRF form must also be completed in compliance with A.R.S. §§11-593(A), 36-664 and 36-843.

1. Facility Name	Facility where decedent died. Please list complete facility name. Abbreviations are not acceptable.
2. Facility Street Address, City/Town, County	Address, City/Town and County where the facility is located.
3. Deceased Person's Full Name	Print the decedent's current legal name: first, middle, last and suffix (if applicable).
4. Date of Birth	Print the decedent's date of birth in the numerical format of MM/DD/YYYY.
5. Social Security Number or Medical Record Number (MRN)	Print the decedent's U.S. social security number or the facility medical record number.
6. Sex (gender)	Print the sex of the decedent (i.e. male, female).
7. Date of Death	Date the decedent died. List in the format of MM/DD/YYYY.
8. Time of Death	Time the decedent died. Print the time of death in numerical format and list one of the following time indicators: AM, PM (12-hour clock) or Military (24-hour clock). List the format of HH:MM.
Fetal Death Information (If applicable)	
9. Mother's Full Name	Print the mother's current legal name: first, middle and last name.
10. Mother's Maiden Last Name	Print the last name of the decedent's mother prior to her first marriage.
11. Date of Delivery	Date the decedent was extracted from its mother. List the date of delivery in the numerical format of MM/DD/YYYY.
12. Estimated Gestational Age (if unknown, provide weight)	Print the gestational age of the decedent. Gestational age is a term used to describe how far along the pregnancy was. It is measured in weeks, from the first day of the woman's last menstrual cycle to the date of delivery. If the gestational age is unknown, please list the decedent's weight in grams.
Person Authorizing the Facility to Release the Human Remains (deceased person's representative)	
13. Full Name	Print the full current legal name of the person including: first, middle and last name who is authorizing the facility to release the human remains.
14. Phone Number	Print the phone number for the person responsible for authorizing release of the human remains in numerical format: area code+ first three digits of number + last four digits of number.
15. Relationship to Deceased	Print the person's relationship to the decedent (i.e. spouse, mother, father, son, daughter, brother, etc.).
Practitioner (i.e. MD, DO, PA, NP, ND, etc.) Expected to Sign Medical Certification of Death	
16. Name of Practitioner	Print the first, middle and last name of the practitioner that is expected to certify the cause of death.
17. Practitioner's Phone Number	Print the practitioner's phone number in numerical format: area code+ first three digits of number + last four digits of number.
18. Practitioner's Fax Number	Print the practitioner's fax number in numerical format: area code+ first three digits of number + last four digits of number.
Medical Information for Deceased Person	
19. Most Recent Diagnosis in the Person's Medical Record	Print the most recent medical diagnosis for which the deceased person may have died as documented in their medical record.
20. Indicate Whether the Deceased Person Had Been	Check all conditions that apply to the deceased person. If the descriptions do not apply to the decedent, check the "None of the Above Apply" check box

Diagnosed with or was Suspected of Having any of the Following, as Stated in the Medical Record at the time of Death	indicating that the decedent had not been diagnosed with or was not suspected of having any of the listed conditions.
Notification Per §A.R.S. 11-593 Requested Under the Following Circumstances	
21. List of Circumstances	Circumstances in which notification must occur under A.R.S. §11-593.
22. Was the Death Reported?	Check one of the options (i.e. Yes, Spoke To ___, No or Not Applicable-N/A)
23. Hospital Use Only: If the human remains will be donated to an organ procurement organization under A.R.S. 36, Chapter 7, Article 3, and the person authorized in A.R.S. §36-843 has not refused to make an anatomical gift, indicate whether the organ procurement agency has been notified that the human remains are being removed from the hospital.	Check one of the options (i.e. Yes, No)
Person Representing the Facility That Released the Human Remains	
24. Full Name	Print the current legal name including: first, middle and last name – of the facility representative who is authorized to release the human remains from the facility. This person is responsible for verifying that fields 1-26 on the HRRF have been completed.
25. Signature	Signature of the facility representative listed in field 24.
26. Date and Time	Date and time of which the facility representative affixed the signature listed in field 25. Print the date in the format of MM/DD/YYYY and print the time. List the time indicator in one of the following formats: AM, PM (12-hour clock) or Military (24-hour clock) next to the printed time.
Person Accepting Custody of the Human Remains	
27. Full Name	Print the current legal name including: first, middle and last name – of the person accepting custody of the human remains. This person is responsible for verifying that the facility representative has completed fields 24-26 before completing fields 27-29.
28. Signature	Signature of the custodian listed in field 27.
29. Date and Time	Date and time of which the custodian affixed the signature listed in field 28. Print the date in the format of MM/DD/YYYY and print the time. List the time indicator in one of the following formats: AM, PM (12-hour clock) or Military (24-hour clock) next to the printed time.
Business Name of Establishment Accepting Custody of Human Remains	
30. Business Name	Print the business name of the establishment accepting custody of the human remains (i.e. funeral home, medical examiner (ME), donation facility).
31. Hospital Sticker	Area on the form where the facility can place the patient label. Use of this area is optional and is not required.
<p><u>Important Information for the Business Establishment:</u> The business establishment listed in field 30 <u>must</u> submit the accurately completed and signed HRRF form to the County Vital Records Office <u>within 24 hours</u> of taking possession of the human remains (A.R.S. 36-326(C)). <u>Note:</u> Only the County Vital Records Office shall enter the HRRF receipt date and select the HRRF check box in the Electronic Death Registry System (EDRS) when the form has been received.</p>	