

# Mortuary Science Certificate of Removal of Remains

SUBJECT TO MINNESOTA STATUTES 149A.90

1. Name of deceased \_\_\_\_\_
2. Removal:  
Date \_\_\_\_\_ Removal time \_\_\_\_\_
3. Funeral home or person receiving custody of remains:  
Name \_\_\_\_\_  
License No. (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_
4. Personal property received with remains:  
Jewelry \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Clothing \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Individual releasing custody of remains:  
Name \_\_\_\_\_  
Relationship to deceased \_\_\_\_\_  
Name of facility or entity releasing remains \_\_\_\_\_  
\_\_\_\_\_  
Signature \_\_\_\_\_  
Date Signed \_\_\_\_\_ Phone \_\_\_\_\_
6. Mortician or person receiving custody of remains:  
Name \_\_\_\_\_  
Relationship to deceased \_\_\_\_\_  
License No. (if applicable) \_\_\_\_\_ (pursuant to MN Statutes §149A.01)  
Signature \_\_\_\_\_ Date signed \_\_\_\_\_

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To obtain this information in a different format, call: 651-201-3829.