

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of: \_\_\_\_\_

Deceased \_\_\_\_\_

CASE NO. \_\_\_\_\_

**AFFIDAVIT IN SUPPORT OF  
PETITION FOR ORDER AUTHORIZING  
DISPOSITION OF UNCLAIMED BODY  
(UNDER AS 12.65.100)**

I, the undersigned, swear or affirm under penalty of perjury that the following is true to the best of my knowledge and belief following diligent inquiry:

1. I became aware of, and am providing, the following information in my capacity as:

\_\_\_\_\_  
(funeral home employee, law enforcement investigator, landlord, guardian, health facility employee, etc.)

2. The deceased person named above died at or near \_\_\_\_\_,  
Alaska, on or about \_\_\_\_\_, under the following circumstances:

\_\_\_\_\_  
\_\_\_\_\_

3. Other information known about deceased:

Last known address \_\_\_\_\_

Last employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Other \_\_\_\_\_

4. No person has appeared to claim the body for burial.

- ☐ a. The following relatives or interested persons were located, but are unwilling or unable to claim the body:

<i>Name</i>	<i>Relationship</i>	<i>Address/Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ b. The following relatives or interested persons were identified but cannot be located:

<i>Name</i>	<i>Describe Attempts to Locate</i>
_____	_____
_____	_____
_____	_____

☐ c. The following efforts yielded no names of relatives or interested persons:

☐ \_\_\_\_\_ contacted acquaintances, neighbors, etc.

<i>Person Contacted</i>	<i>Relationship to Deceased</i>	<i>Address/Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ \_\_\_\_\_ searched the following records (such as vital records, employment, PFD records, military records, court records):

\_\_\_\_\_  
\_\_\_\_\_

☐ \_\_\_\_\_ examined the personal effects and other property of the decedent located at: \_\_\_\_\_  
for the purpose of locating information about relatives.

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

5. ☐ I have no information regarding whether the deceased left information or instructions regarding funeral or disposition.

☐ The deceased left information or instructions regarding funeral or disposition wishes as follows (when were instructions left, what were the instructions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. No provision has been made for the body under AS 13.50 (the Uniform Anatomical Gift Act). I made the following efforts to confirm this:

☐ \_\_\_\_\_ examined the person's personal effects and \_\_\_\_\_ and found no organ donor card.  
(billfold/purse/driver's license/other)

☐ \_\_\_\_\_ located the person's will/living will and determined that no such gift is made in it.

☐ Other efforts to determine whether a gift has been made:

\_\_\_\_\_  
\_\_\_\_\_

7. Property.

- ☐ I am not aware of any money or other property belonging to the deceased.
- ☐ I am aware of the following money or property of the deceased:
- ☐ personal effects located at \_\_\_\_\_
- ☐ other property located at \_\_\_\_\_

8. Other information relevant to the petition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Making this Affidavit

\_\_\_\_\_  
Type or Print Name and Title

\_\_\_\_\_  
State Office/ Dept./Funeral Home/Other Ofc.

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

Subscribed and sworn to or affirmed before me at \_\_\_\_\_,  
Alaska, on \_\_\_\_\_  
(date)

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public, or other  
person authorized to administer oaths.  
My commission expires \_\_\_\_\_