



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF MEDICAL EXAMINER

401 E Street, SW
Washington, DC 20024

202-698-9000 (Office)

Case Number - Completed by OCME Staff Only

AUTHORIZATION TO EXTEND RIGHTS

Please fax completed form to OCME Investigations Unit 202-698-9103

Deceased Full Name:

Date of Death:

Name of Person Filling Out Form:

Relationship to Decedent:

Phone Number:

To Whom Rights are Extended:

Their Relationship to Decedent:

Their Phone Number:

Rights Extended to above person (initial all that apply—physical initial or verified electronic initials):

Right to Make Funeral Arrangements _____

Right to Pick Up Property from OCME _____

Right to Obtain Proof of Death _____

Right to Obtain Copy of the Examination Report, which includes the Toxicology Report _____

Notarization Required:

OFFICIAL USE ONLY

Approved _____
Initial & Date

Not Approved _____
Initial & Date

Reason for Denial: