



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

401 E Street SW
Washington, DC 20024

Empty rectangular box for Case Number

Case Number - Completed by
OCME Staff Only

AUTHORIZATION TO RELEASE A BODY

The District of Columbia Office of the Chief Medical Examiner (OCME) will not authorize the release of a decedent without receipt of this signed AUTHORIZATION TO RELEASE A BODY form from the funeral director at the time of removal.

Deceased Full Name: [Text Box]

Deceased Race: [Text Box]

Sex Assigned at Birth: [Text Box]

Deceased Gender: [Text Box]

Age: [Text Box]

Deceased Date of Birth: [Text Box]

Date of Death: [Text Box]

Deceased Location: OCME: [] or Hospital: [Text Box]

or Funeral Home: [Text Box]

The undersigned hereby requests that OCME authorize the release of the above-named decedent to:

Funeral Home or Crematory: [Text Box] Contact Number: [Text Box]

The undersigned represents that he/she is the next of kin of the deceased, as defined in D.C. Official Code § 3-413, or other person authorized to receive the remains and has full authority to give permission for the release of the body, pursuant to the following order of priority:

- 1. Written directive;
2. Surviving competent spouse, or domestic partner, as defined under § 32-701(3);
3. Sole surviving competent adult child or the majority of the competent surviving adult children;
4. Surviving competent parent or parents;
5. Surviving competent adult in the next degree of kindred;
6. Competent adult friend or volunteer.

Next of Kin Signature:* [Text Box]

Date:* [Text Box]

Next of Kin Name* [Text Box]

Relationship to the

(Printed):

Deceased:* [Text Box]

Witness Signature:* [Text Box]

Date:* [Text Box]

Complete this form and fax it to the OCME ID Unit at 202-698-9100 prior to scheduling a removal. Present the complete and signed form at the time of removal. If you have questions regarding the form or the decedent release process, call the OCME ID Unit at 202-698-9000.

OFFICIAL USE ONLY

Mortuary / funeral director staff ___ verified decedent's name, race, gender, age, and OCME # with transport agent ___.

OCME Staff Initials

Agent Initials

[] Approved [Text Box]

[] Not Approved [Text Box]

Initial & Date

Initial & Date Rev 9/11/23-RKA