



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

401 E Street S.W.,
Washington, DC 20024

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 release a decedent without receipt of the **SIGNED AUTHORIZATION TO RELEASE A BODY** form from the funeral home representative at the time of removal.

Deceased Full Name:

Deceased Race:

Gender:

Age:

Date of Birth:

Date of Death:

The undersigned hereby requests that the DC OCME release the body of the above named decedent to:

Funeral Home or Crematory:

Contact Number:

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 parent(s);
5. Surviving competent adult in the next degree of kindred;
6. Competent adult friend or volunteer.

Next of Kin Signature:* _____

Date:* _____

Next of Kin Name*
(Printed): _____

Relationship to the
Deceased:* _____

Witness Signature:* _____

Date:* _____

Complete the 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 staff _____ verified decedent's name, race, gender, age and OCME # with transport agent _____.

OCME Staff Initials

Agent Initials

☐ Approved _____

Initial & Date

☐ Not Approved _____

Initial & Date