



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*