

CENTRAL DISTRICT:  
400 East Jackson Street  
Richmond, Virginia 23219  
(804) 786-3174  
FAX (804) 371-8595



Commonwealth of Virginia  
Virginia Department of Health

**Office of the Chief Medical Examiner**

TIDEWATER DISTRICT:  
830 Southampton Ave., Suite 100  
Norfolk, Virginia 23510  
(757) 683-8366  
FAX (757) 683-2589

WESTERN DISTRICT:  
6600 Northside High School Road  
Roanoke, Virginia 24019  
(540) 561-6615  
FAX (540) 561-6619

NORTHERN VA. DISTRICT:  
10850 Pyramid Place, Suite 121  
Manassas, Virginia 20110  
(703) 530-2600  
FAX (703) 530-0510

**Authorization to Release Body**

The Office of the Chief Medical Examiner (OCME) will not release a decedent without receipt of the **COMPLETED AND SIGNED BODY RELEASE AUTHORIZATION** form from the funeral home or crematory representative at the time of removal.

Decedent's Full Name: \_\_\_\_\_

Decedent's Race: \_\_\_\_\_ Sex: \_\_\_\_\_

The undersigned hereby requested that the VA OCME release the body of the above named decedent to:

Funeral Home/Crematory: \_\_\_\_\_

Funeral Home/Crematory Address: \_\_\_\_\_

Funeral Home/Crematory Phone Number: \_\_\_\_\_

The undersigned represents that he/she has full authority to authorize the release of the decedent pursuant to the Code of Virginia because he/she is:

- The legal next of kin pursuant to § 54.1-2800, or
- A person designated to make arrangements for disposition of the decedent's remains as pursuant to § 54.1-2825, or
- An agent named in an advance directive pursuant to § 64.1-2984, or
- Any guardian appointed pursuant to Chapter 20 (§ 64.2-2000) of Title 64.2 who may exercise the powers conferred in the order of appointment or by § 64.2-2019, or
- Upon the failure or refusal of such next of kin, designated person, agent, or guardian to accept the responsibility for the disposition of the decedent, then any other person 18 years of age or older who is able to provide positive identification of the deceased and is willing to pay for the costs associated with the disposition of the decedent's remains.

Next of Kin/Designee/Guardian for Decedent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next of Kin/Designee/Guardian for Decedent Name (Print): \_\_\_\_\_

Relationship to the Decedent: \_\_\_\_\_

Funeral Home/Crematory Representative (Print Name): \_\_\_\_\_

Funeral Home/Crematory Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please present the completed and signed form at the time of the removal. The form may be faxed prior to pick-up of the decedent. If you should have questions regarding the form and/or release procedure, please contact the appropriate OCME District.