

CUYAHOGA COUNTY MEDICAL EXAMINER'S OFFICE

11001 Cedar Avenue, Cleveland, Ohio 44106

216-721-5610

Fax 216-707-3124

RELEASE

This form must be completed and submitted to the Medical Examiner, prior to the release of any deceased person in the custody and control of the Cuyahoga County Medical Examiner's Office.

THE UNDERSIGNED HEREBY AUTHORIZES THE CUYAHOGA COUNTY MEDICAL EXAMINER'S OFFICE TO RELEASE THE REMAINS

OF: _____ WHO EXPIRED ON: _____
NAME OF DECEDENT (PRINT OR TYPE) DATE OF DEATH

TO: _____
NAME & ADDRESS OF FUNERAL HOME OR OTHER AGENCY REGULATED OR AUTHORIZED BY OHIO LAW

The undersigned, hereby after REPRESENTATIVE, requests that the Cuyahoga County Medical Examiner's Office release the above referenced deceased to the above referenced agency whose business is to arrange for the burial or cremation of the deceased. The undersigned represents that he/she is the next-of-kin of the deceased or other person authorized by law to receive the remains and has full authority to give permission for the release of the body. The REPRESENTATIVE acknowledges that he/she has read and understands the below "Statement of Policy" regarding the autopsy process; the notification procedures required to request the return of organs/tissues/fluids removed and retained during the autopsy process, and the time limits associated therewith.

STATEMENT OF POLICY

We, at the Cuyahoga County Medical Examiner's Office understand that you and your family have sustained a significant loss and we offer our condolences. Though we understand that this is a time of great sorrow for the family, Ohio law mandates that the Medical Examiner become involved and inquire into the circumstances surrounding the above referenced death. Ohio law further requires the Medical Examiner to establish the true cause and manner of death. Notwithstanding, the Medical Examiner is bound by law to inform you that as a part of a forensic examination, if an autopsy is performed, certain organs, fluids and tissues may be retained by the Medical Examiner's Office in order to perform a complete and thorough examination. Depending upon various factors, these items may be held for at least three (3) years. Upon expiration of the retention period concerning this material, the REPRESENTATIVE has the right to claim and make separate arrangements for the proper disposal of these remains. If the REPRESENTATIVE or other authorized person chooses not to make their intentions known to the Medical Examiner's Office in writing, within thirty (30) days of this notice, the County of Cuyahoga will respectfully assume and take care of this matter for the REPRESENTATIVE in a dignified and respectful fashion. Again, we offer our condolences to you and your family. If anyone has any questions, please contact us at 216-721-5610.

DECEDENT'S REPRESENTATIVE

WITNESS

Signature

Date

Signature of Witness

Print or Type Name

Print or Type Name

Relationship to the Deceased

Telephone Number of Witness