THIS FORM MUST BE COMPLETED PRIOR TO THE RELEASE OF ANY BODY FROM THE MORGUE

STATEMENT OF POLICY

Ohio law places a duty upon the Hamilton County Coroner's Office to detemine the cause and manner of death of persons who have died suddenly while in apparent good health, and those who have died as a result of criminal or violent means, casualty, suicide, and in a suspicious or unusual manner. In most cases, the cause and manner of death is determined by performing an autopsy. An autopsy is a scientific inquiry by a medical professional that involves an external examination of the body and a surgical dissection so that internal tissues and organs can be removed, examined, and subjected to scientific testing. In most cases, remains of organs are returned prior to the release of the body for burial. Bodily fluids and tissue samples kept for microscopic examination and/or testing are not returned. On rare occasions, good medical practice requires that one or more whole organs (usually the brain or the heart) be retained for extended periods of time to complete examination and testing. Because these tests can take as long as three weeks to complete, the body is often released for the purpose of burial or cremation prior to the return of the organs.

Remains of organs that have been retained in observance of good medical practice for the purpose of examination or testing, or as required by law, may be retrieved by the funeral home or crematory if the next of kin desires by delivering written notice of their intention to retrieve the organs to the office of the Hamilton County Coroner within SEVEN DA YS of claiming the body from the morgue. When the organs are available to be retrieved, the Coroner will notify the funeral home or crematory. In the event that no written notice is received by the Coroner as described herein, such retained organs may be cremated and dealt with according to law without further notice.

REQUEST TO RELEASE BODY

DECEASED: _____

DATE OF DEATH: _____

The undersigned hereby requests that the Hamilton County Coroner release the body of the above named deceased to: Walker Funeral Home (funeral home or crematory). 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 undersigned further represents that he/she has read and understands the above statement of policy regarding the autopsy process; the notification procedures required to request the return of organs removed and retained during the autopsy process, and the time limits associated therewith.

_____

Signature **Date**

Witnesses:

_____ _____

Name (printed or typed)

_____ _____

Relationship to the deceased