

John T. Rhines Funeral Home  
1505 Kenilworth Avenue, NE  
Washington, DC 20019

202-529-4300  
jsmith@johntrhines.com

**RELEASE AUTHORIZATION**

The undersigned being of the same and nearest degree of relationship to:

\_\_\_\_\_  
Name of Deceased

Hereby authorize: \_\_\_\_\_

Name of Institution or Person

To release the body of the deceased to JOHN T. RHINES FUNERAL HOME, LLC.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

**AUTHORIZATION TO EMBALM**

The undersigned hereby authorizes JOHN T. RHINES FUNERAL HOME, LLC to care, embalm and otherwise prepare for burial and/or other disposition.

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
Witnessed by:

\_\_\_\_\_  
Date



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\* \_\_\_\_\_ Relationship to the  
(Printed): \_\_\_\_\_ 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

CASE NO.

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF DEATH \_\_\_\_\_ HOUR \_\_\_\_\_

Arrangement Appointment Time \_\_\_\_\_ ☐ At Funeral Home ☐ At Residence

## VITAL STATISTICS

DECEASED'S ADDRESS CITY - STATE - ZIP COUNTY

PLACE OF DEATH CITY - STATE - ZIP COUNTY

SEX M ☐ F ☐ RACE - ETHNICITY MARTIAL STATUS CITIZEN

BIRTHPLACE DATE OF BIRTH

FATHER'S NAME MOTHER'S FIRST NAME AND MAIDEN NAME

OCCUPATION EMPLOYER

SOCIAL SECURITY NO. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

VETERAN, NAME WAR AND BRANCH OF SERVICE RANK AND SERVICE NO.

INFORMANT'S NAME RELATIONSHIP

ADDRESS

TELEPHONE

HIGHEST EDUCATION OTHER INFORMATION



BIOGRAPHICAL INFORMATION	
LENGTH OF TIME LIVING HERE	COMING FROM
RELIGION	CHURCH
LIST CLUBS, NOTEWORTHY ACHIEVEMENTS, ETC.	

SURVIVING RELATIVES

FATHER	
MOTHER	
HUSBAND/WIFE	
SONS	
DAUGHTERS	
BROTHERS	
SISTERS	
GRANDCHILDREN (No)	GREAT GRANDCHILDREN (No.)

## SERVICE DETAILS

PLACE

DATE

TIME

ADDRESS

CLERGY

MUSIC

FAMILY WILL SIT IN: ☐ Chapel ☐ Family Room No. of Seats Reserved

NO. OF FAMILY CARS: ADDRESS:

PALLBEARERS

FIRST VIEWING

VISITATION HOURS:

ROSARY/WAKE SERVICE

IN LIEU OF FLOWERS

## FINAL DISPOSITION

☐ BURIAL ☐ ENTOMBMENT ☐ CREMATION ☐ SCATTERING DATE

CEMETERY/CREMATORY

City County State

Grave No. Lot Section Block

Lot Owner:

If Cremation, Disposition of Ashes

## MISCELLANEOUS

CASKET: Manufactured by Model #

OUTER ENCLOSURE Manufactured by Model #

URN Manufactured by Model #

CLOTHING

AUTOPSY ☐ Yes ☐ No REMOVAL BY

EMBALMING AUTHORIZATION RECEIVED ☐ EMBALMING BY



# SHIPPING INFORMATION

FUNERAL HOME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE: \_\_\_\_\_ DIRECTOR'S NAME \_\_\_\_\_

NOTES \_\_\_\_\_

## CLERICAL INFORMATION

NO. OF CERTIFIED COPIES: \_\_\_\_\_

SEND TO: \_\_\_\_\_

SEND BILL TO: \_\_\_\_\_

ACTION	DATE	BY	DOCUMENTS
Clergy Notified			Casket Ordered
Organist Notified			Death Certificate Filed
Hairdresser Notified			Cremation Forms Signed
Hearse Driver Notified			Burial/Cremation Permit Obtained
Limo Driver Notified			Certified Copies Ordered
Cemetery Crematory Notified			Social Security Form Prepared
Vault Ordered			MEO Cremation Approved
Clothing Obtained			V.A. Flag Obtained
Newspaper Obit Submitted			Insurance Verified
No Parking Signs Ordered			Final Billing Completed
Flowers Ordered			Assignment Completed

## MEMORANDA

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