



CENTRAL DISTRICT:
 8850 Times Dispatch Blvd, Suite 200
 Mechanicsville, Virginia 23116
 (804) 786-3174
 FAX (804) 371-4155

TIDEWATER DISTRICT:
 830 Southampton Ave., Suite 100
 Norfolk, Virginia 23510
 (757) 683-8366
 FAX (757) 683-2319

Commonwealth of Virginia
 Virginia Department of Health

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

NORTHERN DISTRICT:
 10850 Pyramid Place, Suite 121
 Manassas, Virginia 20110
 (703) 530-2600
 FAX (703) 530-0513

Office of the Chief Medical Examiner

Authorization to Release Whole Organ(s)

The Office of the Chief Medical Examiner (OCME) will not release a whole organ(s) to a funeral home or crematory representative, who did not pick-up the decedent from the OCME, without receipt of the **COMPLETED AND SIGNED WHOLE ORGAN(S) RELEASE AUTHORIZATION** form from the funeral home or crematory representative at the time of release.

Decedent's Full Name: _____

Decedent's Date of Death: _____ (mm/dd/yyyy)

The undersigned hereby requests that the OCME release the retained whole organ(s) of the above-named decedent to:

Funeral Home/Crematory: _____

Funeral Home/Crematory: _____

Funeral Home/Crematory Phone Number: _____

The undersigned represents that he/she has full authority to authorize the release of the whole organ(s) 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 to the appropriate fax number listed at the top of the page prior to pick-up of the decedent. **Organs will only be released during normal business (i.e., Monday – Friday, 8:15 am – 5 pm).** If you should have questions regarding the form and/or release procedure, please contact the appropriate OCME District.