

MEDICAL EXAMINER, COUNTY OF SUMMIT

85 NORTH SUMMIT STREET
AKRON, OHIO 44308-1948
330-643-2101 Fax: 330-643-2100

Lisa J. Kohler, M.D.
Chief Medical Examiner

Ilene Shapiro
County Executive

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 SUMMIT COUNTY MEDICAL EXAMINER'S OFFICE. FORM MAY BE FAXED TO 330.643.2100 OR EMAILED TO WEB.ME@SUMMITOH.NET

THE UNDERSIGNED AUTHORIZES THE SUMMIT COUNTY MEDICAL EXAMINER'S OFFICE TO RELEASE

THE REMAINS OF: _____ **WHO EXPIRED ON:** _____
NAME OF DECEASED (PRINT OR TYPE) DATE OF DEATH

TO: _____
NAME AND ADDRESS OF FUNERAL HOME OR OTHER AGENCY REGULATED OR AUTHORIZED BY OHIO LAW TO ACCEPT THE REMAINS

The undersigned, hereby after REPRESENTATIVE, requests that the Summit 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 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 bounded by law to inform you that as a part of the forensic examination, certain organs, fluids, tissues, and therapeutic devices 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 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 30 days of this notice, the County of Summit 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 330.643.2101.

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