



**GEAUGA COUNTY CORONER'S OFFICE**

**John M. Urbancic, M.D.**

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440-279-2165

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**RELEASE OF DECEDENT**

The Geauga County Coroner's Office contracts with the Cuyahoga County Coroner's Office to perform our county's forensic autopsies. This form must be completed and submitted to the Geauga County Coroner's office/Cuyahoga County Coroner's office, prior to the release of any deceased person in the custody and/or control of the Geauga County Coroner's Office/Cuyahoga County Coroner's Office.

The undersigned hereby authorizes the Geauga County Coroner's Office/Cuyahoga County Coroner's Office to release the remains of:

\_\_\_\_\_, Who Expired on: \_\_\_\_\_ 20\_\_\_\_  
Print or Type Name 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 Geauga County Coroner's Office/Cuyahoga County Coroner's Office release the above referenced deceased to the above referenced agency who 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 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**

The Geauga County Coroner's Office/Cuyahoga County Coroner's Office understands 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 any 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. If you have any questions, please contact the Cuyahoga County Medical Examiner's Office at (216) 721-5610.

Decedent's Representative: \_\_\_\_\_, 20\_\_\_\_  
Signature Date

Witness: \_\_\_\_\_  
Signature of Witness

Print or Type Name & Telephone Number

Print or Type Name & Telephone Number