

**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 **Clermont County/Hamilton County Coroner's Office** to determine 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 next-of-kin, his or her authorized agent, or other person permitted by law to deal with the remains of the deceased, by delivering written notice of their intention to retrieve the organs to the office of the Hamilton County Coroner within SEVEN DAYS of claiming the body from the morgue. When the organs are available to be retrieved, the Coroner will notify the person identified in the written notice and the person or agency that originally claimed the body of the deceased. 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.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Next of Kin or Right of Disposition Holder)

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**REQUEST TO RELEASE BODY & EFFECTS**

Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

The undersigned hereby requests that the **Clermont County/Hamilton County Coroner** release the body of the above named deceased

To: \_\_\_\_\_ (funeral home or other agency).

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.

**Next of Kin or Right of Disposition Holder**

**Witnesses:**

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_

\_\_\_\_\_  
Name (Printed or typed) / Contact #

\_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Funeral Director's Signature

\_\_\_\_\_  
Funeral Director (Print or type Name)

**RELEASE FORM MUST BE COMPLETED AND FAX TO:**

**Brian Treon, M.D. Clermont County Coroner 2277 Bauer Road, Batavia, Ohio 45103  
513-732-8117 Fax - 513-732-8118 Office Cell - 513-543-0129  
Fax Body Release or Email to : dmhawkin@clermontcountyohio.gov**