OFFICE OF THE CHIEF MEDICAL EXAMINER
111 COLCHESTER AVENUE, BAIRD 1, BURLINGTON, VT 05401
PHONE (802) 863-7320 • FAX (802) 863-7265 • OCME@VERMONT.GOV

INSTRUCTIONS

The Office of the Chief Medical Examiner may release records to the legal next-of-kin or a personal representative of the decedent in compliance with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The legal next-of-kin/personal representative must request records in writing and attest to their relationship to the decedent by completing and signing page 2 of this form. Please return the signed form by USPS, Email, or Fax (See above).

Under Vermont law, next-of-kin is defined as the following, in order of precedence:

A. If the decedent was an unemancipated minor, their parents or legal guardians with legal rights and responsibilities

B. The decedent's spouse (current marriage or civil union)

C. The decedent's children, or the legal custodian of the decedent's children acting on their behalf if they are minors

D. The decedent's parents

E. The decedent's siblings

F. The decedent's grandparents

G. The decedent's other relatives by degrees of separation

Other people may also have the authorization to obtain the decedent's medical records, depending on the circumstances and their legal authority. **Please provide copies of court orders and/or legal documents showing the legal authority:**

A. A court order of appointment of Executor or Administrator of the decedent's estate

B. If the decedent was an adult under guardianship, their legal guardian

C. Other legal relationship with the decedent, such as a durable power of attorney for health care

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STATEMENT OF NEXT-OF-KIN/PERSONAL REPRESENTATIVE

Decedent's Full Name: _____

Date of Birth: _____

The undersigned, _____, states:

1. That, under Vermont law, 14 V.S.A. § 314, I am the next of kin of the above-named individual, who was pronounced deceased on the _____ day of _____, 20_____.
2. That my relationship to the decedent is _____.
3. That a personal representative (*executor/administrator*) has been appointed for the decedent's estate: ☐ Yes ☐ No – **If yes**, identify the appointed personal representative and the court where the appointment was granted: _____.

3.A. That a petition to open an estate is pending: ☐ Yes ☐ No – **If yes**, identify the personal representative and the court where the estate is pending: _____
_____.

4. That the decedent was married at the time of death: ☐ Yes ☐ No – **If yes**, identify the spouse:
_____.

5. That the decedent had living **adult** children (*18yr or older*) at the time of death: ☐ Yes ☐ No – **If yes**, identify the child(ren): _____.

5.A. That the decedent had living **minor** children at the time of death: ☐ Yes ☐ No – **If yes**, identify who has physical responsibility for the child(ren): _____.

6. That the decedent had living **parents** at the time of death: ☐ Yes ☐ No – **If yes**, identify the parent(s): _____.

6.A. That the decedent had living **siblings** at the time of death: ☐ Yes ☐ No – **If yes**, identify the sibling(s): _____.

7. That this statement is made in support of my request to obtain copies of records from the Office of the Chief Medical Examiner (OCME), specifically the Final Report of Autopsy.

The foregoing is the truth to the best of my knowledge, information, and belief.

_____ _____
Signature Date

_____ (_____) _____
Name Phone

Mailing Address: _____
_____

(***CHECK ONLY ONE***) I prefer to receive documentation via: ☐ USPS mail
☐ Fax: _____
☐ Email: _____

If none of these are checked, documents will be sent via USPS mail.