



CENTRAL DISTRICT:  
400 E. Jackson St.  
Richmond, Virginia 23219-3694  
(804) 786-3174  
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## COMMONWEALTH of VIRGINIA

*Department of Health*  
Office of the Chief Medical Examiner  
400 E. Jackson St.  
Richmond, VA 23219-3694

TIDEWATER DISTRICT:  
830 Southampton Ave., Suite 100  
Norfolk, Virginia 23510  
(757) 683-8366  
800-395-7030  
FAX (757) 683-2589

WESTERN DISTRICT:  
6600 Northside High School Road  
Roanoke, Virginia 24019  
(540) 561-6615  
800-862-8312  
FAX (540) 561-6619

NORTHERN VA. DISTRICT:  
10850 Pyramid Place, Suite 121  
Manassas, Virginia 20110-2228  
703-764-4640  
800-856-6799  
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February 20, 2018

### MEMORDANDUM

TO: Funeral Home & Crematory Establishments

FROM: Keshia Singleton, State Project Manager  
Office of the Chief Medical Examiner *Keshia Singleton*  
[keshia.singleton@vdh.virginia.gov](mailto:keshia.singleton@vdh.virginia.gov)

SUBJECT: Electronic Cremation Certificate & Additional Information regarding Cremation Authorizations

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I am writing to inform you that the Office of the Chief Medical Examiner (OCME) has an electronic version of the cremation certificate that you can start using immediately. The OCME will not be purchasing any additional carbon-copy cremation certificates; however, you may utilize the remaining supply that you have. All local medical examiners are aware of this form and have been instructed to start using it. The cremation certificate states that a copy of the signed cremation certificate needs to be retained by the local medical examiner, the funeral home, the OCME and the crematory. Every local medical examiner is responsible for sending a copy of each cremation certificate they sign, along with a copy of the signed death certificate, to the OCME.

Some additional information regarding cremation authorizations:

- All local medical examiners have been told that they are not allowed to sign blank cremation certificates.
- Every local medical examiner must fully examine the decedent, which includes rolling the decedent over to view the backside of the decedent. The decedent should not have any clothing on and all medical therapy should be removed prior to examination to ensure there is no unforeseen trauma.
- Cremation authorizations should only be conducted at a hospital, crematory or funeral home and not at private homes or other businesses.
- Cremation certificates should only be signed for deaths that occur in Virginia.

Please contact your respective OCME district office for any questions.

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(703) 530-9210  
FAX (703) 530-0510

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Office of the Chief Medical Examiner

### CREMATION OR BURIAL AT SEA CERTIFICATE

I hereby certify that on \_\_\_\_\_, I reviewed the death of \_\_\_\_\_,  
(date) (name)  
a(n) \_\_\_\_\_, \_\_\_\_\_ who died on \_\_\_\_\_ at  
(age) (race) (sex) (date of death)  
\_\_\_\_\_ in the county/city of \_\_\_\_\_,  
(address of death) (city/county of death)  
and made a personal inquiry into the cause and manner of death of said decedent. Upon such inquiry, it is my opinion  
that no further examination or judicial inquiry concerning the death is necessary.

Medical Examiner's Case: Yes  No

Cause of Death: \_\_\_\_\_

Manner of Death: \_\_\_\_\_

Permission is herewith given to \_\_\_\_\_ to:  cremate  
 bury at sea

\_\_\_\_\_  
Signature of Medical Examiner

\_\_\_\_\_  
Name of Medical Examiner

\_\_\_\_\_  
Street and Number or Rural Route

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
City or County of Medical Examiner's Jurisdiction

NOTE: Person applying for this certificate shall deliver to the Medical Examiner the fee established pursuant to Virginia Code §32.1-284.

Four copies of this cremation certificate shall be printed, signed, and retained by or provided to the involved entities as prescribed below:

- One copy to be retained by the person / entity applying for the cremation certificate
- One copy to be provided to the crematory by the person / entity applying for the cremation certificate
- One copy to be retained by the Local Medical Examiner certifying the cremation
- One copy to be provided, along with copy of signed death certificate, to the appropriate district office of the Office of the Chief Medical Examiner