Cuyahoga County Regional Forensic Science Laboratory
Office of the Cuyahoga County Medical Examiner
Parentage and Identification Unit

Deceased Patient Custodian/Next-of-Kin Consent for DNA Testing

Decedent's Information to be completed by Decedent's Legal Custodian/Next-of-Kin

Decedent's Name: *(print)* _____ ☐ Male ☐ Female
First Middle Last

Decedent's Date of Birth: *(mm/dd/yyyy)* ____/____/____

Decedent's Date of Death: *(mm/dd/yyyy)* ____/____/____ Agency Case Reference # _____
(If available)

Decedent's Race Information *(required for testing)*

Decedent's Race: ☐ Asian ☐ Black ☐ Caucasian (White) ☐ Hispanic ☐ Other: _____

Decedent's Medical History

Yes	No	
☐	☐	Has the decedent had a blood transfusion in the three months prior to specimen collection?
☐	☐	Has the decedent had a bone marrow transplant?

Type of DNA Testing to be performed:
☐ Paternity ☐ Maternity ☐ Sibship ☐ Other

Person(s) to be Tested (Print Name(s)**:**

_____

_____

_____

Mail DNA Results to:
☐ Client ☐ Attorney ☐ Agency ☐ Other

Name: (print) _____

Address: _____

City/State/Zip: _____

Phone: _____

CONSENT

I affirm under penalty of perjury and/or fraud that I am truthfully identifying myself and that all information provided by me on this Consent form is accurate to the best of my knowledge.
I understand that if I am misrepresenting my legal rights to give consent for testing of the biological samples collected from the decedent, the Cuyahoga County Medical Examiner's Office shall not be held liable in any future legal proceedings regarding this relationship case.
I also understand that I, along with all other adult tested parties, will receive a copy of the results.

_____ _____
Signature (Next-of-Kin/Custodian) **Date *(mm/dd/yyyy)***

_____ _____
Printed Name (Next-of-Kin/Custodian) ***Relationship to Decedent***

Notary Public: (Not required if signed at the Cuyahoga County Medical Examiner's Office)

Seal

State of _____ County of _____

Subscribed and Sworn before me this _____ day of _____, 20 _____

_____ My commission expires: ____/____/____
Notary Public

Please make sure you complete this form accurately. Incomplete forms may cause a delay in testing.