

Autopsy Consent Form

CONSENT & AUTHORIZATION FOR FORENSIC POSTMORTEM CONSULTATION & EXAMINATION

I, _____, under penalty of perjury, state that I am the _____ and legal next of kin of the decedent _____. In this capacity as legal next of kin, I authorize Shanedelle Norford M.D., M.S., and any and all agents, guests, representatives, and (or) consultants, to view and (or) perform a complete postmortem examination without restriction upon the body of the decedent, _____.

A postmortem examination is performed in an attempt to determine the presence and severity of disease(s), and (or) in an attempt to determine the cause(s) of death. A postmortem examination consists of an external and internal examination of the decedent, and may include additional ancillary studies sought at the sole discretion of the prosector, Shanedelle Norford M.D., M.S.

All studies, tissue specimens, original photographs, and written and computerized records will remain the property of the prosector, Shanedelle Norford M.D., M.S

By my signature at the bottom of this page, I signify my understanding of this consent and authorization, that I consider this consent reasonable in scope, that I express no objection to the conditions of the consent, and that I will adhere fully to all terms of the consent.

WITNESS SIGNATURE

DATE

PRINTED NAME OF WITNESS

AUTHORIZING PARTY SIGNATURE

DATE

PRINTED NAME OF AUTHORIZING PARTY

DECEDENT INFORMATION

Name of deceased: _____

Date of birth: _____

Location of death: _____

Date of death: _____

Time of death: _____

Physician (s): _____

Brief medical history: _____

Concerns or reasons for postmortem examination: _____

CONTACT INFORMATION

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____