



Consent to Autopsy

I hereby authorize ForensicDx pathologist to perform a postmortem examination, with the restrictions checked/listed below, on the body of _____, my _____ (state relationship), and to have present such persons as they deem proper.

Restrictions: Only open/examine organs/tissue from the check one below):

- No Restrictions
- Chest Only
- Head Only
- Truck Only
- Abdomen/Pelvis Only
- List specific organs to remove/examine - _____

*I certify that I am at least 18 years of age, and that I know of no closer kin than I available to assume custody of this body.
I agree to provide for burial as soon as practicable after autopsy.*

SIGNED: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____

TIME OF DEATH: _____ **AM/PM** **Date of Death:** _____

NEXT OF KIN LEGAL ORDER OF AUTHORIZATION - Please Check One

- Legal Guardian
- Spouse
- Adult Children
- Adult Grandchildren
- Parents
- Adult Sister/Brother
- Adult Niece/Nephew
- Grandparent
- Uncle or Aunt
- Cousin
- Stepchildren
- Relatives or next of kin of patient's deceased spouse
- Friend of patient

Charges: Initial _____ I understand I am responsible for the autopsy fee which includes:
1-LODOX Image, 1-Postmortem Examination, 1-Urine Drug Screen
1-Autopsy Report Signed by a Pathologist.

Any requested additional services are at the expense of the signee.