



Consent to Obtain Confidential Records

I hereby authorize ForensicDx personnel to request and obtain CONFIDENTIAL RECORDS for _____ (decendent's name), my _____ (state relationship).

List specific Reports to be requested:

- _____ Autopsy Report (\$500)
- _____ Toxicology Report (\$100)
- _____ Coroner's Investigation Report (\$100)
- _____ Other (Please specify) _____

Decedent's Date of Birth: _____ **Date of Death:** _____ **Time of Death:** _____

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.

SIGNED: _____ **DATE:** _____

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

<p>NEXT OF KIN CONTACT INFORMATION (Please Print)</p> <p>Name _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Phone _____</p>

Charges: **Initial** _____ I understand I am responsible for the report fee for the above selected reports.