**FAMILY REQUEST FOR AUTOPSY REPORT (MUST BE NOTARIZED)**

Autopsy results may be released to the immediate next of kin according to Iowa Code 22.7, item 41.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Deceased | | | | |  | | | Date of Death | | | | |  | | | |
| Name of Requestor | | | | |  | | Relationship to Deceased | | | | | | |  | | |
| **Mailing Address to Receive Report** (reports cannot be faxed or e-mailed) | | | | | | | | | | | | | | | | |
| Street | |  | | | | | | | | | | | | | | |
| City/State/Zip | | |  | | | | | | | | | | | | | |
| Phone (Required) | | | |  | |  | | | | | | | | | | |
|  | | | | | *(Please include area code)* |  | | | | | | | | | | |
| **Legal next of kin** is determined by the following hierarchy:  (1) Spouse, (2) Adult Children, (3) Parents, (4) Grandchildren, (5) Siblings, (6) Grandparents, (7) Other Family Member | | | | | | | | | | | | | | | | |
| *Please answer the following questions:* | | | | | | | | | | | | | | | | |
| Was the deceased married at the time of his/her death? | | | | | | | | | | Yes | | | | | No | |
| Does the deceased have any children or grandchildren age 18 or older? | | | | | | | | | | | Yes | | | | No | |
| Are the parents of the deceased still living? | | | | | | | | | | Yes | | | | | No | |
| Does the deceased have siblings age 18 or older? | | | | | | | | | | Yes | | | | | No | |
|  | | | | | | | |  | | |  | | | |

Signature of Legal Next of Kin Date

**ACKNOWLEDGMENT**

State of

County of

This instrument was acknowledged before me on

Date

By

Signature of Notary:

**FORM MUST BE NOTARIZED:**

**Mail, fax, or email form to:**

Iowa Office of the State Medical Examiner

2250 South Ankeny Blvd.

Ankeny, IA 50023-9093

Fax: 515-725-1414

Email: iosme@idph.iowa.gov