**IOWA OFFICE OF THE STATE MEDICAL EXAMINER**

2250 South Ankeny Blvd. ⯁ Ankeny, IA ⯁ 515-725-1400 ⯁ Fax 515-725-1443

**FUNERAL HOME NEXT-OF-KIN AUTHORIZATION**

**FOR BODY REMOVAL**

***PLEASE PRINT LEGIBLY***

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | CASE #: |  |
|  |
| **DECEDENT** |
| Name: |     |
|  | *First* | *Middle* | *Last* |
| Date of Death: |  |  |
|  |
| **NEXT-OF-KIN** |
| Name: |     |
|  | *First* | *MI* | *Last* |
| Phone ***(Required):*** |  |  |
|  | *Include Area Code* |  |
| **FUNERAL HOME** |
| Driver: |     |
|  | *First* | *MI* | *Last* |
| Representing/Authorized By: |  |
|  | *Name of Entity Removing Decedent from IOSME* |
| Phone ***(Required):*** |  |  |
|  | *Include Area Code* |  |
| **CERTIFICATION** |
| [ ]  | I certify that |  |  has been selected by the legal next-of-kin to perform |
|  | *Funeral Home / Entity* |  |
| services for the above-named decedent. |
|  |
| [ ]  | I certify that |  |  is doing a trade call and has permission to remove |
|  | *Funeral Home / Other Entity* |  |
| the body of the above-named decedent on behalf of | . |
|  | *Funeral Home / Entity* |
| **SIGNATURES** |
| ***REQUIRED*****Funeral Home:** |  | **Date:** |  |
| ***OPTIONAL*****Next of Kin:** |  | **Date:** |  |