



IOWA OFFICE OF THE STATE MEDICAL EXAMINER

2250 South Ankeny Blvd. ♦ Ankeny, IA 50023-9093

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 Decedent _____

Date of Death _____

Name of Requester _____

Relationship to Decedent _____

Mailing Address to Receive Report (reports cannot be faxed or e-mailed)

Street _____

City/State/Zip _____

Phone Number (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 decedent married at the time of their death? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the decedent have any children or grandchildren age 18 or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are the parents of the decedent living? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the decedent have any grandchildren age 18 or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the decedent have any siblings age 18 or older? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are the grandparents of the decedent living? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature of Immediate Legal Next of Kin

Date

**FORM MUST
BE
NOTARIZED:**

ACKNOWLEDGMENT

State of _____

County of _____

This instrument was acknowledged before me on

Date _____

By _____

Signature of Notary: _____

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@hhs.iowa.gov