**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? |  | Yes | No |
| Does the decedent have any children or grandchildren age 18 or older? | | Yes | No |
| Are the parents of the decedent living? |  | Yes | No |
| Does the decedent have any grandchildren age 18 or older? |  | Yes | No |
| Does the decedent have any siblings age 18 or older? |  | Yes | No |
| Are the grandparents of the decedent living? |  | Yes | No |

Signature of Immediate Legal Next of Kin Date

**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](mailto:iosme@hhs.iowa.gov)

**FORM MUST BE NOTARIZED:**