**IOWA OFFICE OF THE STATE MEDICAL EXAMINER**

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

**FUNERAL HOME LEGAL NEXT-OF-KIN**

**AUTHORIZATION FOR BODY REMOVAL**

***PLEASE PRINT LEGIBLY***

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| **DECEDENT** | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | |
|  | *First* | | | | | *Middle* | | | | *Last* | | |
|  | | | | | | | | | | | | |
| **LEGAL NEXT-OF-KIN** | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | |
|  | *First* | | | | | *MI* | | | | *Last* | | |
| Phone ***(Required):*** | | | |  | | | | | | |  | |
|  | | | | *Include Area Code* | | | | | | |  | |
| **DRIVER MAKING REMOVAL FROM IOSME** | | | | | | | | | | | | | |
| Driver: |  | | | | | | | | | | | |
|  | *First* | | | | | *MI* | | | | *Last* | | |
| 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***  **Legal Next-of-Kin:** | | | | |  | | | | **Date:** | | |  |