



# IOWA OFFICE OF THE STATE MEDICAL EXAMINER

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

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## FAMILY REQUEST FOR AUTOPSY REPORT

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

Name of Requestor \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Date of Death \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

**Address to Send Report** (For privacy, reports cannot be faxed or e-mailed)

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Required) \_\_\_\_\_  
*(Please include area code)*

Was the deceased married at the time of his/her death?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the deceased have any children age 18 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are the parents of the deceased still living?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the deceased have siblings age 18 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Signature of Legal Next-of-Kin

\_\_\_\_\_  
Date

**Please mail or fax this form to:**

Iowa Office of the State Medical Examiner  
2250 South Ankeny Blvd.  
Ankeny, IA 50023-9093

Fax: 515-725-1414