



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 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
MUST BE NOTARIZED

 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

ACKNOWLEDGMENT

State of _____

County of _____

This instrument was acknowledged before me on

Date _____

By _____

Signature of Notary:
