



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 Deceased _____ Date of Death _____

Name of Requestor _____ Relationship to Deceased _____

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

Street _____

City/State/Zip _____

Phone (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 deceased married at the time of his/her death? Yes No

Does the deceased have any children or grandchildren age 18 or older? Yes No

Are the parents of the deceased still living? Yes No

Does the deceased have siblings age 18 or older? Yes No

Signature of Legal Next of Kin

Date

ACKNOWLEDGMENT

State of _____

County of _____

This instrument was acknowledged before me on

Date _____

By _____

Signature of Notary: _____

**FORM MUST
BE
NOTARIZED:**

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@idph.iowa.gov