

Permission for Autopsy and Designation of Funeral Home

My name is _____ and I am the _____
(Relationship)

of _____ who died while a consumer at _____
(Consumer Name)

Hospital.

_____ I agree to an autopsy

_____ I do not agree to an autopsy

When appropriate, the body is to be released to _____
(Funeral Home)

_____ , _____ for the purpose of burial.
(City) (State)

Signatures

Consenting Person _____ Date _____

Physician _____ Date _____

Witness _____ Date _____

Second Witness
(required for telephone consent) _____ Date _____