FREEMAN AUTOPSY SERVICE

AUTOPSY CONSENT AND EXAMINATION AUTHORIZATION FORM

Confidential Medical Document

Decedent Information

- Full Name of Deceased: _____
- Date of Birth: _____
- Date of Death: _____
- Place of Death: _____

Next of Kin / Authorizing Individual

- Full Name: _____
- Relationship to Decedent: _____
- Address: _____
- Phone Number: _____
- Email Address (optional): _____

Consent for Autopsy Examination

I, the undersigned, being the legal next of kin or authorized representative of the above-named deceased, do hereby give **Freeman Autopsy Service** and its designated pathologists permission to perform a complete autopsy examination. This includes external and internal examination of all major organs and body cavities, including but not limited to the cranial, thoracic, abdominal, and pelvic regions.

Optional Components (check if authorized):
☐ Removal and retention of organs or tissue for microscopic examination
☐ Toxicology testing
☐ Histological examination
☐ Neuropathological examination (brain and spinal cord)
☐ Photography for documentation and proof of findings.

I understand the purpose of this autopsy is to determine the cause and manner of death, identify disease processes, or for other medical, legal, or educational purposes. I also understand that this is a medical examination and not a criminal investigation unless requested by a legal authority.

Funeral Arrangements
Name of Funeral Home: _____
Phone Number: _____
Contact Person: _____

Authorization and Signature

I certify that I am legally authorized to consent to this examination. I have read and fully understand this document and authorize Freeman Autopsy Service to perform the autopsy as described.

Signature: _____
Printed Name: _____
Date: _____
Time: _____

Witness (if applicable)

Name: _____
Signature: _____
Date: _____

Pathologist Use Only

- Autopsy Performed By: _____
- Date of Examination: _____
- Case Number: _____
- Phone Consent after autopsy by: _____
- Mailed or Email report: _____