

# AUTOPSY AUTHORIZATION

1. PARTIES:

“DOCTOR”: \_\_\_\_\_

(Name of Doctor)

“REPRESENTATIVE”: \_\_\_\_\_

(Use Reverse Side  
for Additional Names)

(Name of Representative)

“DECEDENT”: \_\_\_\_\_

(Name of Decedent)

2. **RELATIONSHIP OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to the DOCTOR that the relationship between the REPRESENTATIVE and the DECEDENT is as follows: (check the appropriate box)

Spouse

Next-of-Kin (Closest Living Relative)

Personal Representative of the Next-of-Kin with written authorization of Next-of-Kin to act on his or her behalf.

Other: \_\_\_\_\_

3. **AUTHORITY OF REPRESENTATIVE:** The REPRESENTATIVE warrants and represents to DOCTOR that the REPRESENTATIVE is the person or the appointed agent of the person who by law has the paramount right to arrange the disposition of the remains of the DECEDENT and that no other person(s) has a superior right over the right of the REPRESENTATIVE.

4. **INSTRUCTIONS AND DIRECTIONS:** The REPRESENTATIVE instructs and directs the DOCTOR to undertake a private autopsy of the DECEDENT'S remains and report the findings to the REPRESENTATIVE.

5. **INDEMNIFICATION:** The REPRESENTATIVE agrees to indemnify and hold harmless the DOCTOR from any claims or causes of action arising or related in any respect to the instructions and directions of the REPRESENTATIVE that are set forth above.

**DATE:**

**SIGNATURE OF REPRESENTATIVE:**

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL REPRESENTATIVES

<u>Name</u>	<u>Relationship to Decedent</u>	<u>Signature</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____