

## Autopsy Authorization

I, \_\_\_\_\_,

as legal next of kin, do hereby authorize Thomas A. Andrew, MD of White Mountain Forensic Consulting Services (WMFCS) to perform a complete / restricted\* (circle one) autopsy on the remains of the deceased,

\_\_\_\_\_.

A complete autopsy is understood to mean internal examination of the chest, abdominal cavity and head, including sampling of body fluids and tissues as indicated for laboratory and/or microscopic analysis.

\*Restrictions on this examination are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[ ] I acknowledge that a restricted autopsy is not optimal and that conclusions drawn from such examinations are not as scientifically sound as those from a complete autopsy.

White Mountain Forensic Consulting Services shall provide one copy of the autopsy report to the undersigned or his/her designee upon completion of said report. Additional copies may be obtained upon remittance of a processing fee to WMFCS.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date