

AUTHORIZATION FOR AUTOPSY

Section 1. Today's Date: _____ Name of Deceased: _____
 Age: _____ Date of Birth: _____ Date of Death: _____ Time of Death (if known): _____ am/pm
 Location of Death: _____ Name of Family Physician: _____

Section 2.

I, _____, being legal next of kin or court-appointed Power of Attorney for Health Care, hereby authorize Dr. Ben Margolis (or physician of his designation) to perform an autopsy on the body of the deceased. I represent that my relationships to the deceased is:
 _____ (spouse; brother/sister; father/mother; etc.).

Section 3. I hereby specify that the autopsy examination will be:

- Complete examination of head, chest, and abdomen
 Examination of chest and abdomen only
 Examination of chest only
 Examination of head only
 Examination of abdomen only
 Other restrictions or special instructions (if none, write "none"): _____

Section 4. I hereby authorize the following (please initial)

_____ **Retention and Disposal of Organs.** Authorization is further granted for removal, retention, use and disposal of any organs (to include but not limit to organs of the abdominal, thoracic, and cranial cavities). Such retention is authorized only for diagnostic, teaching or scientific purposes.

_____ **Photography and Video.** Authorization is further granted for taking, use and publication of photographs and/or video for scientific and/or educational purposes, provided the identity of the body is protected. Educational purposes may include but are not limited to museum, class-room and/or internet-based platforms, including live streaming.

_____ **Observers.** Authorization is further granted for observers to witness the autopsy such as Dr. Margolis may deem appropriate, provided the purpose of the observation is for the advancement of scientific education.

Section 5.

I acknowledge that I have read this document, understand the content of this form, have had the opportunity to ask questions, all my questions have been answered to my satisfaction, and that all blank spaces have been completed.

Signature of Next of Kin/Power of Attorney: _____ Date: _____ Time: _____

***Contact telephone number(s): _____

Address of Next of Kin/Power of Attorney: _____

Witness #1 _____ Witness#2 _____

Section 6.

 Name and title of person obtaining consent

 Name and address of Funeral Home