

NAME OF DECEASED: _____

AGE/DOB: _____ SEX: _____ RACE: _____ MARITAL STATUS _____

TIME OF DEATH: _____
MONTH DAY YEAR HOUR

1. I HEREBY AUTHORIZE GRANITE STATE PATHOLOGY ASSISTANCE , LLC AND SUCH PERSON OR PERSONS AS DESIGNATED, TO PERFORM AN AUTOPSY ON THE BODY DESCRIBED ABOVE, BEING THE BODY OF MY,

I AUTHORIZE GRANITE STATE PATHOLOGY ASSISTANCE, LLC TO HAVE PRESENT AT AUTOPSY SUCH PERSONS DEEMED APPROPRIATE.

MY RELATIONSHIP TO THE DECEASED IS _____
AND I AM AUTHORIZED AS NEXT OF KIN AND/OR CERTIFY THAT I WILL ASSUME CUSTODY OF THE BODY AND PROVIDE FOR ITS DISPOSITION.

2. THE AUTOPSY HERE AUTHORIZED MAY BE EITHER A COMPLETE AUTOPSY OR PARTIAL AUTOPSY AND SUCH PARTS OF THE BODY MAY BE REMOVED AND RETAINED FOR SUBSEQUENT STUDY AS MAY BE NECESSARY AS DETERMINED BY THE PATHOLOGIST/PATHOLOGY PA .

NOTE: IF THE NATURE AND EXTENT OF THIS AUTOPSY OR THE RIGHT TO REMOVE PARTS OF THE BODY ARE TO BE LIMITED IN ANY WAY, THOSE LIMITATIONS SHOULD BE CLEARLY STATED BELOW. IN THE ABSENCE OF ANY STATED LIMITATIONS, IT IS TO BE UNDERSTOOD THAT THE PATHOLOGIST/PATHOLOGY PA BY WHOM THE OPERATION IS PERFORMED IS TO BE THE SOLE JUDGE OF THE NATURE AND EXTENT OF THE AUTOPSY.

I, _____, RELATED TO THE DECEASED AS
SIGNATURE

_____, GIVE CONSENT FOR AUTOPSY AS DESCRIBED ABOVE.
RELATIONSHIP TO DECEASED

DATE: _____

ADDRESS _____

CITY/STATE _____

WITNESS: _____