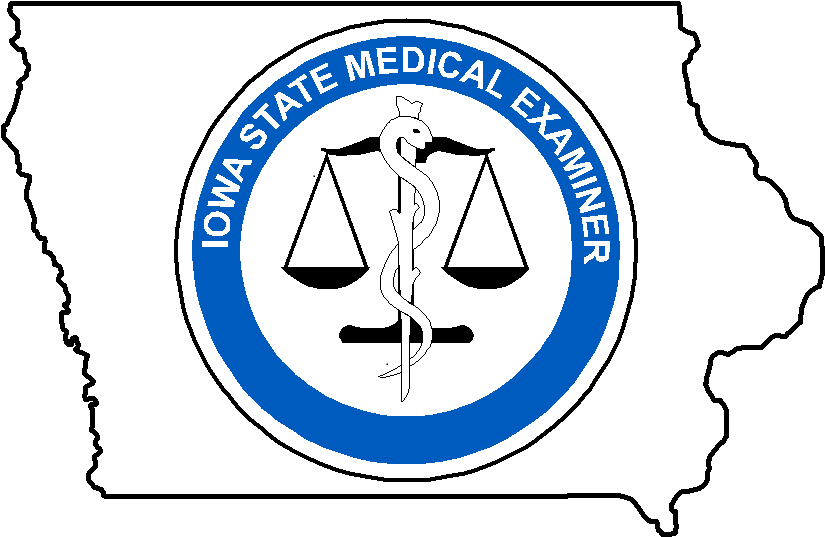
**IOWA OFFICE OF THE STATE MEDICAL EXAMINER**



2250 South Ankeny Blvd. ⯁ Ankeny, IA 50322-9093

**FAMILY REQUEST FOR AUTOPSY REPORT**

Autopsy results may be released to the immediate next-of-kin according to Iowa Code 22.7, item 41.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***This form may be typed and printed OR printed for writing. To navigate on-screen: TAB to move to next field; Shift+TAB to move to previous field.*** | | | | | | | | | |
| Name of Requestor | | | | |  | | | | |
| Name of Deceased | | | |  | | | | | |
| Date of Death | |  | | | | Relationship to Deceased | | |  |
| **Address to Send Report** (For privacy, reports cannot be faxed or e-mailed) | | | | | | | | | |
| Street |  | | | | | | | | |
|  |  | | | | | | | | |
| City/State/Zip | | |  | | | | | | |
| Phone (Required) | | | |  | |  | | | |
|  | | | | *(Please include area code)* | |  | | | |
|  | | | | | | | | | |
| Was the deceased married at the time of his/her death? | | | | | | | Yes | No | |
| Does the deceased have any children age 18 or older? | | | | | | | Yes | No | |
| Are the parents of the deceased still living? | | | | | | | Yes | No | |
| Does the deceased have siblings age 18 or older? | | | | | | | Yes | No | |