**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.

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| ***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 |