

Fulton County Medical Examiner's Center  
430 Pryor Street SW  
Atlanta, GA 30312  
(404) 613-4400



## Request that an autopsy not be performed

Fax this completed form to 404-893-6632

Attention: Investigations Division and Case Medical Examiner

Concerning the death of: \_\_\_\_\_  
(Name of Deceased)

FCME Case Number: \_\_\_\_\_

I (We) request that an autopsy not be performed for the following reason(s):

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I (We) understand that the Fulton County Medical Examiner will consider and abide by this request, if possible based on the circumstances surrounding death and information available at the time of death. I (We) also understand that the legal authority to decide whether an autopsy is needed rests with the Medical Examiner, and, even though we have made this request, that an autopsy may be performed because of legal or other requirements. I (We) understand that if an autopsy is not performed, information of potential value to family members or public interest may not be available, especially in regard to identifying the specific cause(s) of death.

Printed name(s) of person(s) signing this form:

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Name \_\_\_\_\_ Relation to the deceased \_\_\_\_\_

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Name \_\_\_\_\_ Relation to the deceased \_\_\_\_\_

Signature(s) of above person(s):

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_