



OBJECTION TO AUTOPSY PROCEDURE

Fulton County: Medical Examiner
 430 Pryor Street SW
 Atlanta, Georgia 30312
 Office: 404-613-4400
 Fax: 404-612-2464
 FCMEInformationRequest@fultoncountyga.gov

To: Fulton County Medical Examiner's Office
 Atlanta, Georgia 30312

Subject: Request for waiver of Fulton County Medical Examiner's Office statutory right to conduct the usual autopsy on the body of _____.

I _____, the next of kin representing the estate of the above-named deceased, urgently request that no autopsy be performed. I understand that the legal authority to decide whether an autopsy is needed rests with the Medical Examiner. Even though we have made this request, an autopsy may be performed because of legal or other requirement.

I understand that it may be necessary to perform a minimally intrusive autopsy for the removal of projectile (bullet) and/or an examination of the organs of the torso. I 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.

I understand that as a result of this request, the Fulton County Medical Examiner's Office shall not be considered responsible for the failure to complete its responsibilities to accurately certify the cause and circumstances of death, except as may be provided by investigation and a limited examination of the remains. I understand and agree that Fulton County, the Fulton County Medical Examiner's Office and its agents, officers, and employees shall not be held financially or otherwise responsible for any loss which may accrue to us or the estate of the deceased deriving from the failure to conduct the usual autopsy procedure pursuant to this request.

Next of Kin Signature: _____

Date: _____

Name (Printed): _____

Relationship to the deceased: _____

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Date and Time of Discussion with NOK: _____

Pathologist Decision: Autopsy/Limited Examination/External Examination

Initials: _____