

CORONER'S AUTHORIZATION FOR AUTOPSY

PURSUANT TO s. 979

As provided in Chapter 979 of Wisconsin Statutes, I, _____

_____ County Coroner/Deputy Coroner, being the custodian of the body of

_____, who died on _____,

do hereby request an autopsy be performed by _____

on said body for the purpose of ascertaining the cause of death, collecting evidence (if applicable) and

insuring that the decedent's rights are maintained. This authorization shall not be construed as a permit

for obtaining or analyzing additional samples or specimens for learning or research purposes and is not

transferable to any other pathologist.

All laboratory reports shall be turned over to the _____ County Coroner's office. All

autopsy reports (verbal or written) shall be the property of the _____ County Coroner's

office and shall not be released to any person, facility or agency unless authorized by the

_____ County Coroner's office.

If there are any questions, please contact _____

of the _____ County Coroner's office.

PHONE: _____ or _____.

Upon completion, release body to the _____ funeral home

PHONE: _____

Limitations on autopsy, if any: _____

Additional Examinations: Toxicology _____

X-RAYS Histology _____

Photos _____ Other _____

Signature of County Coroner or Deputy

Date Signed

MEDICAL EXAMINER'S AUTHORIZATION FOR AUTOPSY
PURSUANT TO s. 979

As provided in Chapter 979 of Wisconsin Statutes, I, _____
_____ County M. E./Deputy M. E., being the custodian of the body of
_____, who died on _____,
do hereby request an autopsy be performed by _____
on said body for the purpose of ascertaining the cause of death, collecting evidence (if applicable) and
insuring that the decedent's rights are maintained. This authorization shall not be construed as a permit
for obtaining or analyzing additional samples or specimens for learning or research purposes and is not
transferable to any other pathologist.

All laboratory reports shall be turned over to the _____ County M. E.'s office. All autopsy
reports (verbal or written) shall be the property of the _____ County M. E.'s office and
shall not be released to any person, facility or agency unless authorized by the _____ County
M. E.'s office.

If there are any questions, please contact _____
of the _____ County M. E.'s office.

PHONE: _____ or _____.

Upon completion, release body to the _____ funeral home

PHONE: _____

Limitations on autopsy, if any: _____

Additional Examinations: Toxicology _____

X-RAYS Histology _____

Photos _____ Other _____

Signature of County Medical Examiner or Deputy

Date Signed