

FRONTIER FORENSICS Midwest, L.L.C.

40 South 18th Street, Kansas City, Kansas 66102
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coroner@frontierforensics.com

AUTOPSY PERMIT

(initial each paragraph when read)

I (We), the undersigned, hereby give permission to Frontier Forensics Midwest, L.L.C. to perform a complete and unrestricted autopsy on the body of the deceased:

_____. I (We) do affirm that I (We) am (are) the next-of-kin with the legal authority to determine the disposition of the remains and agree to hold harmless and free of liability Frontier Forensics Midwest, L.L.C. and its employees in the duties associated with the performance of the autopsy and any related investigation. Permission is granted for the dissection and retention of tissues for investigative, diagnostic, research, and teaching purposes, with similar permission for the use of photographs and any other documentation. Permission is also granted to discuss this case with, and release information to, health care providers who were involved in the clinical management of the patient during life. **(Initials _____)**

I (We) understand that autopsy may not answer the questions for which the postmortem examination is performed. **(Initials _____)**

I (We) have discussed any concerns about this permit with legal counsel. **(Initials _____)**

I (We) agree to pay all expenses incurred from the autopsy and the related investigation. There is an up-front fee due to "Frontier Forensics" for the use of the facility, the autopsy, professional fee, and related services. Some special studies may require additional payment, if so, the next-of-kin will be so informed prior to authorization of such study. **(Initials _____)**

ALL NEXT-OF-KIN OF EQUAL RANK MUST SIGN THE PERMIT.
(Initials _____)

Date: _____

Signed: _____ Printed Name: _____

Relationship _____

Home address: _____

Phone Number: _____ Email address: _____

Witness Signature: _____ Printed Name _____