DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE
University of Kentucky Chandler Medical Center
800 Rose Street, Room MS117
Lexington, KY 40536-0293

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NEXT OF KIN VERIFICATION FOR AUTOPSY

Patient Name:_____
First Middle Last

Date of Birth:_____ Social Security Number:_____

Commonwealth of Kentucky recognizes the following order of legal authority when requesting authorization for autopsy from next of kin of decedent:

a. Spouse
b. Adult child of the decendent
c. Mother and/or father of the decedent
d. Nearest living relative
e. In the absence of any of the above, the person assuming responsibility for disposition of the body.

I, _____ do hereby verify that I am the appropriate next of kin to
(Your Name)

give legal authority for autopsy on _____.
(Name of Decedent)

_____ _____
Printed Name Address of Next of Kin

_____ _____
Signature Phone Number of Next of Kin

_____
Date of Signature

_____
Relationship to Patient

_____
Witness

_____
Interpreter Name or ID # In person or via Cyracom (circle one)