

**White
Mountain
Forensic
Consulting
Services**

**109 Woodland Drive
Contoocook, New Hampshire 03229
Phone (603) 746-6581**

Authorization for Autopsy

I, _____, as legal next of kin, do hereby authorize Thomas A. Andrew, MD of White Mountain Forensic Consulting Services (WMFCS) to perform a complete/restricted* autopsy on the remains of the deceased,

_____.

A complete autopsy is understood to mean internal examination of the chest, abdominal cavity and head, including sampling of body fluids and tissues as indicated for laboratory and/or microscopical analysis.

*Restrictions on this examination are as follows:

I acknowledge that a restricted autopsy is not optimal and that conclusions drawn from such examinations are not as scientifically sound as those from a complete autopsy.

White Mountain Forensic Consulting Services shall provide one copy of the autopsy report to the undersigned or his/her designee upon completion of said report. Additional copies may be obtained upon remittance of a processing fee to WMFCS.

Signature

Date