

# Fulton County Medical Examiner's Center

430 Pryor Street SW  
Atlanta, GA 30312  
(404) 613-4400

## Request that an autopsy be performed

Fax this completed form to 404-893-6632

Attention: Investigations Division and Case Medical Examiner

Concerning the death of: \_\_\_\_\_  
(Name of Deceased)

FCME Case Number: \_\_\_\_\_

I (We) request that an autopsy be performed for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

I (We) understand that the Fulton County Medical Examiner will consider and abide by this request, if possible based on the circumstances surrounding death and information available at the time of death. I (We) also understand that the legal authority to decide whether an autopsy is needed rests with the Medical Examiner, and, even though we have made this request, that an autopsy may not be performed. I (We) understand that if an autopsy is performed, it may not answer all questions that may arise. I (We) indemnify and hold the Fulton County Medical Examiner harmless for the decision whether to perform an autopsy.

Printed name(s) of person(s) signing this form:

\_\_\_\_\_  
Name Relation to the Deceased

\_\_\_\_\_  
Name Relation to the Deceased

Signature(s) of person(s) listed above:

\_\_\_\_\_  
Date Time

\_\_\_\_\_  
Date Time