

PERMISSION FOR AUTOPSY

Date: _____

Time: _____ AM/PM

_____, of Central State Hospital, has requested an
Attending Physician

autopsy of _____
Client's Name

I understand I am authorizing:

a Complete Autopsy an Autopsy of the Head Only an Autopsy of the Trunk Only
and examination of the remains of the client and the removal of such organs, or parts of organs and tissues as
may be necessary for further study to determine the cause of death.

I also approve that such organs or parts of organs and tissues, may be sent to qualified institutions or
laboratories other than Central State Hospital for additional tests, procedures, analysis and/or research.

Yes No NA

Further restrictions to the examination are as follows:

Signature of Individual Giving Permission*

Signature of Witness

Date/Time: _____

Date/Time: _____

Address

Address

City State Zip

City State Zip

* The official Code of Georgia Annotated 45-16-28 provides for consent by the person assuming custody of the body for the purpose of burial, such as the husband, the wife, the father, the mother, a child, a guardian, next-of-kin, or in the absence of any of the foregoing, a friend, of such deceased person charged by law with the responsibility of burial.