

Dr. Adel Shaker
Chief Medical Examiner

County of Nueces

2610 Hospital Blvd. Corpus
Christi, Tx 78405



Phone (361) 884-4994
Fax (361) 883-5715

Authorization for Autopsy

I, _____, Justice of the Peace for Precinct # _____, _____ County, hereby authorize the Nueces County Medical Examiner's Office to perform an autopsy, either partial or complete upon the body of _____ and to remove or retain such parts of the body or its tissues as may be necessary to conduct the examination, and to dispose of those items according to the office procedures. The Nueces County Medical Examiner's Office is also authorized to release information, reports or specimens pertaining to this case when duly requested, without further authorization by me. After the autopsy this body should be released to _____ funeral home.

Signature _____

Date _____

Address _____

Telephone _____

Submit invoice for payment to: _____ Alt _____

Phone _____

Fax _____

INFORMATION CONCERNING DEATH
If not completed, examination will be delayed

Decedent _____ Race _____ Sex _____ Age _____ DOB _____

SS# _____ - _____ - _____

Address where body found _____

Date/Time of Death
____/____/____ a.m./p.m.

OR

Date/Time of Death - Found
____/____/____ a.m./p.m.

Agency Investigating _____ Phone (____) _____ - _____

Investigating Official _____ Agency Case Number _____

Next Of Kin _____ Relation _____ Phone _____

Physician's Name _____ Phone: (____) _____ - _____

Medications _____

Trauma visible: No Yes Comments/Description _____

Brief Summary _____

Additional Requests: _____

Please indicate the type of exam: (Check One)

External (including toxicology) Partial Autopsy (including toxicology) Complete Autopsy (including toxicology)