



**Tennessee Department of Health**  
**Request for Reconsideration of Suicide as Manner of Death**

To: Commissioner of the Tennessee Department of Health  
Andrew Johnson Tower, 710 James Robertson Parkway Nashville, Tennessee 37243

To: \_\_\_\_\_  
(Medical Examiner who signed death certificate)

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip-Code)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

To: \_\_\_\_\_  
(Chief Medical Examiner of Regional Forensic Center where autopsy was performed, **If Applicable**)

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip-Code)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Name of Decedent: \_\_\_\_\_

County of Death: \_\_\_\_\_ Date of Death: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Was Decedent Autopsied? Yes \_\_\_\_ No \_\_\_\_ If yes where was Autopsy performed? \_\_\_\_\_

Did the decedent see a mental health professional prior to death? Yes \_\_\_\_ No \_\_\_\_

If yes, Name of Professional: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip-Code)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Requestor: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (State) (Zip-Code)

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Your Relationship to Decedent: \_\_\_\_\_

Brief summary of the reasons for requesting reconsideration of manner of death findings/ certification:

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

I, \_\_\_\_\_, (Name) attest and certify that I am the next of kin of the decedent and am authorized to seek reconsideration of the manner of death reported on the death certificate that is dated \_\_\_\_, \_\_\_\_, \_\_\_\_ and that the facts stated in the request and any attachment hereto is true and correct to the best of my knowledge and belief.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Instructions and contact information continued on back,

***This form must be submitted within one year of the date the death certificate was filed with the Office of Vital Records.***

***This form should be mailed to the Medical Examiner who certified the death, the Commissioner of the Tennessee Department of Health, and if the decedent was autopsied, to the Chief Medical Examiner of the regional forensic center where the autopsy was performed.***

### **Regional Forensic Centers Addresses**

Marco Ross, M.D. West Tennessee Regional Forensic Center 637 Popular Avenue Memphis, Tennessee 38105	Feng Li, M.D., Ph.D.,J.D. Forensic Medical Management Services 850 R.S. Gass Blvd Nashville, Tennessee 37216
Steven Cogswell, M.D. Hamilton County Forensic Center 3202 Amnicola Highway Chattanooga, Tennessee 37406	Darinka Mileusnic, M.D. Ph.D. Knox County Regional Forensic Center 2761 Sullins Street Knoxville, Tennessee 37919
Emilie Cook, D.O. William L. Jenkins Forensic Center Box 70425 Johnson City, Tennessee 37614	