



# OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 7th FL

710 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243

PHONE: 1-844-860-4511 FAX: 615-401-2532

HEALTH.OSCME@TN.GOV

## Order for Autopsy

### PART I

Date: \_\_\_\_\_

To Pathologist: \_\_\_\_\_

Address: \_\_\_\_\_

The accompanying body of \_\_\_\_\_ is the subject of an investigation  
by the medical examiner of County \_\_\_\_\_ In accordance with Tennessee

Code Annotated § 38-7-106, I am ordering an autopsy upon the body.

The District Attorney General has been or will be notified. The next of kin has been or will be notified as per  
Tennessee Code Annotated § 38-7-106.

#### Brief History:

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

Additional Information can be obtained by calling: \_\_\_\_\_

Signature of Medical Examiner \_\_\_\_\_ Name of Medical Examiner \_\_\_\_\_

Signature of District Attorney \_\_\_\_\_ Name of District Attorney \_\_\_\_\_

### PART II

#### NEXT OF KIN NOTIFICATION

(To be completed by person serving notice)

This notice came to hand on \_\_\_\_\_ at \_\_\_\_\_ and:

- Was served to the next of kin on \_\_\_\_\_ at \_\_\_\_\_
- Was unable to locate the next of kin by a diligent search and inquiry.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_