



**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**

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2355 N. Stemmons Freeway
Dallas, Texas 75207

Office of the Medical Examiner

Statement of Opposition to Autopsy

I understand that an autopsy may resolve important issues relating to the cause and/or manner of death and that such issues may become important in the resolution of future legal and/or insurance matters. I acknowledge that if no autopsy is performed, the cause and manner of death may be undetermined. Nonetheless, I object to the Southwestern Institute of Forensic Sciences – Dallas County Office of the Medical Examiner performing an autopsy on the decedent named below:

Name of Decedent: _____ IFS # _____

I _____ am the _____ of the above-named decedent.

My objection to an autopsy being performed is based on (check one):

- Decedent's religious beliefs (state religion) _____
 - Other/Personal Objection (please explain) _____
- _____

I am aware that the assigned medical examiner has the authority to determine whether an autopsy is necessary for deaths that fall under the jurisdiction of the Office of the Medical Examiner to investigate. I am also aware that religious objections may be overridden by compelling public necessity. I further understand that, while this Statement of Opposition to Autopsy will be considered in deciding whether an autopsy will be performed, it is not the determining factor.

Signed: _____

Date: _____

Time: _____

Witness: _____

(Print Name and Title)

(Signature)