

**MEDICAL EXAMINER - CORONER
COUNTY OF SANTA CLARA**



850 Thornton Way
San Jose, CA 95128-4702
(408) 793-1900 FAX (408) 793-6759

REQUEST FOR NO AUTOPSY

TO: Santa Clara County Medical Examiner-Coroner's Office

FROM: _____
(please print)

NAME OF DECEDENT: _____
(please print)

DATE OF DEATH: _____

For religious reasons, we request that no autopsy be performed on the above-referenced decedent. The importance of any autopsy for medicolegal reasons has been thoroughly explained to us by representatives of the Medical Examiner- Coroner's Office.

We agree to hold the County of Santa Clara, the Office of the Medical Examiner-Coroner (ME-C), and their employees harmless from all claims arising out of the Medical Examiner-Coroner's inability to perform the above mentioned autopsy because of the family's request that no autopsy be performed. We further agree to defend, indemnify, and hold harmless the County, the Office of the Medical Examiner-Coroner, and their employees from any and all claims, demands, causes of action, expenses, losses, liabilities, and damage of any kind arising out of or in any way connected to our request that no autopsy be performed on the decedent.

We acknowledge that, regardless of our objection to the autopsy, California Government Code sections 27491 and 27491.4 (c), authorizes the Medical Examiner/Coroner, at his/her discretion, to perform an autopsy examination in circumstances set forth under those statutes.

Date: _____ Signed: _____

Date: _____ Signed: _____

Date: _____ Witness: _____

ME-C Investigator