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AUTHORIZATION FROM NEXT OF KIN TO REVIEW & RELEASE AUTOPSY PHOTOGRAPHS

Please be advised that autopsy photographs may be extremely disturbing to some viewers. The District 19 Medical Examiner's Office does not recommend the viewing of these images unless required as part of the death investigation.

I _____ as legal next of kin of _____,

Medical Examiner Case No. _____, authorize the Medical Examiner's

Office to release autopsy photographs to: _____,

my _____

My relationship to the decedent is that of:

- Surviving spouse
- Surviving adult child, there is no surviving spouse
- Surviving parent, there is no surviving spouse or child
- Legal Representative

Signature/ Date of next of kin: _____

STATE OF _____

COUNTY OF _____

NOTARY PUBLIC _____

(Signature/ Date)

(Notary Stamp)

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