

## 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: Phone: ()	(City)	(State)	(Zip-Code)
To:(Chief Medical Examine	ner of Regional Forensic Center where autopsy was	performed, <b>If Applicable</b> )	
Address:	(City)	,(State)	(Zip-Code)
Name of Decedent:			
	Date of Death:		
Did the decedent see a mental health p	professional prior to death? Yes No		
If yes, Name of Professional:			
Address:		,	
Phone: ()	(City)	(State)	(Zip-Code)
Requestor:			
Address:	(City)	(State)	(Zip-Code)
	ons for requesting reconsideration of manner of		tion:
to seek reconsideration of the manner of	_ , (Name) attest and certify that I am the next of death reported on the death certificate that nt hereto is true and correct to the best of my	is dated,,a	
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
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Andrea Orvik, M.D. William L. Jenkins Forensic Center Box 70425 Johnson City, Tennessee 37614	