



OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

DEPARTMENT OF HEALTH, ANDREW JOHNSON TOWER, 2nd 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 _____