



Office of the Polk County Medical Examiner
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Autopsy Report Request for Next-of-Kin (Must be notarized)
Autopsy results may be released to the immediate next-of-kin according to Iowa Code 22.7(41).

Name of Deceased: _____ Date of Death: _____

Name of Requestor: _____ Phone: _____

Relationship to Deceased: _____

Preferred Method of Receiving Report:

E-mail E-Mail Address: _____

US Mail Street Address: _____
 City/State/Zip: _____

Only one individual who is the immediate legal next-of-kin may request the autopsy report.

Legal Next-of-Kin is determined by the following hierarchy:

1. Spouse
2. Adult Children
3. Parents
4. Grandchildren
5. Siblings
6. Grandparents
7. Other Family Members

By signing below, I assert that I am the immediate legal next-of-kin to the decedent named above.

 Signature of Legal Next of Kin

 Date

ACKNOWLEDGMENT
State of _____
County of _____
This instrument was acknowledged before me on
Date _____
By _____
Signature of Notary: _____

Mail, fax, or email form to:
Polk County Medical Examiner's Office 1801 Hickman Road Des Moines, IA 50314
Fax: (515) 286-2208
E-Mail: mereportrequest@polkcountyiowa.gov



Accredited by the National Association of Medical Examiners