

Your  
Hospital's  
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# PERMISSION FOR AUTOPSY

Street Address

City, State Zip

Permission is hereby given to perform an autopsy upon \_\_\_\_\_

\_\_\_\_\_ and to remove and retain whole or parts of organs for study as necessary.

Signed \_\_\_\_\_

Relationship \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

WHITE ORIGINAL - Baby Chart

YELLOW COPY - Mother CHART

**PART OF THE MEDICAL RECORD**