



DELAWARE COUNTY MEDICAL EXAMINER'S OFFICE

WAIVER OF AUTOPSY

Regarding: _____ (Deceased), Date of Death: _____

I, _____, being authorized to execute this waiver as the Deceased's next of kin, hereby request that an autopsy not be performed upon the Deceased's remains. I acknowledge that I am knowingly and intelligently executing this Waiver and am absolving the Delaware County Medical Examiner's Office, its duly appointed representatives and deputies, from any and all liability arising from the Medical Examiner's determination as to the cause and manner of the Decedent's death and any consequences and/or liability of the Delaware County Medical Examiner's Office not performing an autopsy as a result of this Waiver. I am executing this document freely and voluntarily with full knowledge of the legal consequences of this Waiver and intend to be legally bound hereby.

I further understand and acknowledge that if an autopsy is not performed, it may be difficult or impossible to render an exact determination as to the cause and manner of death.

Further, it is my understanding that in the event of possible legal actions, either criminal or civil, which may arise out of the circumstances of the death of the decedent, the Delaware County Medical Examiner's Office will be bound by the limitation of this Waiver of Autopsy and the Delaware County Medical Examiner's Office may be unable, at a subsequent time, to provide any opinions or comments about the Deceased's cause and manner of death. This may result in detrimental financial or other consequences to me or to others who may attempt to seek civil damages, restitution, criminal prosecution, settle insurance claims, settle the Deceased's estate, receive government benefits, and/or any other purpose.

I understand that submission of this Waiver of Autopsy does not preclude an autopsy and that final determination regarding the performance of an autopsy shall rest solely with the Delaware County Medical Examiner's Office pursuant to Pennsylvania law.

Witness Name (Print)

Signature

Witness Signature

Date

Date

Address

Phone Number