

Sarasota Memorial Hospital of Sarasota is hereby given permission to deliver the body

* of _____ to _____
(Funeral Home or person acting as such)

The undersigned or person granting permission by telephone represents:
To the best of my knowledge, the deceased during his lifetime made no indications contrary to the permission I have given for disposition of the body of the deceased;
To the best of my knowledge, there is no opposition to the permission I have given for disposition of the body of the deceased by any person who is a member of a class in priority consent prior to the class of which I am a member.

Permission Signature		Telephone/Fax Permission (If telephone, to be followed by telegram)	
Consent Given By:		Consent Given By:	
Relationship:		Relationship:	
Address:		Address:	
Witness:	Date:	Witness:	Date:
		Witness:	Date:

~~Consent For Autopsy~~

~~Physician Requesting/Ordering Autopsy: _____ M.D.~~

~~Physician notified of Autopsy request by family: _____ M.D.~~

~~I, the undersigned, as _____ of _____ deceased~~

~~after consultation with the attending physician, do hereby grant the pathologist and such persons as may be designated to assist him, permission to perform an AUTOPSY upon the body of said decedent and to remove and retain such tissue and organs, including the pituitary gland, as he shall consider necessary for identification, diagnostic, scientific and therapeutic purposes.~~

Permission Signature		Telephone/Fax Permission (If telephone, to be followed by telegram)	
Consent Given By:		Consent Given By:	
Relationship:		Relationship:	
Address:		Address:	
Witness:	Date:	Witness:	Date:
		Witness:	Date:

Priority of Consent

- 1. Spouse
- 2. Adult son or daughter
- 3. Parent
- 4. Adult brother or sister
- 5. Next of Kin
- 6. Personal Representative of the Estate (executor)
- 7. Judicially appointed guardian

White - Original/Morgue Yellow - Copy/Chart

Consent for Disposition of Body of Deceased - Consent for Autopsy

* Please fill in or sign all of these sections