TEXAS DEPARTMENT OF STATE HEALTH SERVICES

POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form is prescribed under Article 49.34 of the Code of Criminal Procedure. Please see the reverse side for further information regarding the law and the completion of this form.

NAME OF DECEDENT:    DATE OF DEATH

NAME AND TITLE OF PHYSICIAN PERFORMING PROCEDURE:    TEXAS LICENSE NUMBER:

NAME OF FACILITY AND DEPARTMENT WHERE THE PROCEDURE WILL BE PERFORMED:

The physician may be required to remove and retain organs, fluids, prosthetic devices, or tissue for purposes of comprehensive evaluation or accurate determination of a cause of death.

Please state any restrictions or special limitations you would like to make on the procedure

Please list the disposition of organs, fluids, prosthetics devices, or tissue designated as Anatomical Gifts:

I authorize the release of the remains to the funeral services provider or person listed below after examination.

NAME OF FUNERAL SERVICE PROVIDER OR PERSON:    TELEPHONE NUMBER:

AUTHORIZING PERSON’S SIGNATURE    DATE

AUTHORIZING PERSON’S PRINTED NAME

WITNESS’S SIGNATURE    DATE

WITNESS’S PRINTED NAME

WARNING: It is a felony to falsify information on a Vital Statistics application, record or report. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to $10,000. (Health and Safety Code §195.003)

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Postmortem Examination or Autopsy Consent

MEMORIAL HERMANN
This form MUST be completed by the person authorized to give consent to a postmortem examination or autopsy before such procedure can be conducted (CCP Art. 49.32).

This form IS NOT required if an autopsy is ordered by a Justice of the Peace or Medical Examiners, as part of a death inquest or ordered by the Texas Department of Criminal Justices under Texas Government Code §501.055 (CCP Art. 49.31).

**Persons Authorized To Consent to Postmortem Examination or Autopsy**

Consent for a postmortem examination or autopsy may be given by any following persons, who are reasonably available, in the order of priority listed:

- the spouse of the decedent;
- the person acting as guardian of the person of the decedent at the time of death or the executor or administrator of the decedent’s estate;
- the adult children of the decedent;
- the parents of the decedent; and
- the adult siblings of the decedent.

If there is more than one person of the same relation entitled to give consent to a postmortem examination or autopsy, consent may be given by only a majority of the persons of the same relationship of the class who are reasonably available. An example of this would be multiple surviving adult children.

A person may not give consent if, at the time of the decedent’s death, a person granted higher priority as listed above is reasonably available to give consent or to file an objection to a postmortem examination or autopsy.

**Anatomical Gift of Decedent’s Remains by Someone Other Than the Decedent**

An anatomical gift of a donor’s body or part may be made during the life of the donor for the purpose of transplantation, therapy, research, or education by

- the donor,
  - o if the donor is an adult; or
  - o if the donor is a minor and is:
    - emancipated; or
    - authorized under state law to apply for a driver’s license because the donor is at least 16 years of age and:
      - circumstances allow the donation to be actualized prior to 18 years of age; and
      - an organ procurement organization obtains signed written consent from the minor’s parent, guardian, or custodian;
  - an agent of the donor, unless the medical power of attorney or other record prohibits the agent from making an anatomical gift; a parent of the donor, if the donor is an unemancipated minor; or
  - the donor’s guardian.

**Death Inquest by Medical Examiners**

Some deaths may require a medical examiner to conduct an investigation or inquest and cause of death certification which may include an autopsy. (CCP Art. 49.25 §6). These include:

- A body was found and the cause and circumstances of the death are unknown.
- The death is believed to be an unnatural death from a cause other than a legal execution (accident, suicide, or homicide).
- The death occurred in prison or in jail.
- The death occurred within 24 hours of admission to a Hospital
- The death occurred without medical attendance.
- The physician is unable to certify the cause of death.
- The deceased is under six (6) years of age.

**Nonaffiliated Physicians**

Before signing this form, a representative of the hospital or other institution where the death occurred is required to inform a person authorized to consent to a postmortem examination or autopsy that they may request that a physician who is not affiliated with the hospital or other institution where the death occurred to perform the postmortem examination or autopsy at another hospital or institution.

A person authorized to consent to a postmortem examination or autopsy may also have a physician that is not affiliated with the hospital or institution where the death occurred review the postmortem examination or autopsy conducted by a physician affiliated with the hospital or other institution where the deceased person died.

A person requesting a nonaffiliated physician to perform or review a postmortem examination or autopsy is responsible for any additional costs incurred as a result of the nonaffiliated physician’s performance or review of the examination or autopsy.