

Office of the Coroner  
Franklin County, Ohio  
Dr. Anahi M. Ortiz, Coroner

**AUTOPSY PERMIT**



520 King Avenue  
Columbus, OH 43201  
(614) 525-5290  
(614) 525-6002 (Fax)  
(614) 421-9102 (Morgue Fax)

**I HEREBY REQUEST:**

- I hereby authorize the Franklin County Coroner's Office to decide on organ/tissue/eye procurement
- I hereby DO NOT authorize the Franklin County Coroner's Office to decide on organ/tissue/eye procurement

Complete Autopsy with Toxicology   
External Examination only

External Examination with Toxicology   
Toxicology only

**IDENTIFICATION OF THE BODY:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Death and Time: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Place of Death: \_\_\_\_\_  
Who found the decedent? \_\_\_\_\_ Found When? \_\_\_\_\_  
Decedent positively identified: Y N Next of Kin Contact Information: \_\_\_\_\_

**INFORMATION RELATED TO CIRCUMSTANCES OR REQUEST FOR AUTOPSY:**

Narrative (describe the circumstances surrounding patient's death):

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Past Medical History: \_\_\_\_\_

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Substance Use History: \_\_\_\_\_

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Social History: \_\_\_\_\_

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Current Medications: \_\_\_\_\_

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Drugs/Paraphernalia Found at scene: \_\_\_\_\_

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Are medical records available and attached? Y N  
Are death scene photographs available and attached? Y N  
Is the Scene Report available and attached? Y N  
Call with preliminary results? Y N

Contact PHONE # for preliminary results: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature of Coroner or designee ordering autopsy: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_ Will attend autopsy? Y N