



County of Contra Costa
Office of the Sheriff
David O. Livingston
Sheriff-Coroner

SURVIVOR'S REQUESTED AUTOPSY INFORMATION

This letter concerns the death of _____, who died on ___/___/___
at _____. Coroner's case 20___ - _____.

Coroner's Investigator _____ has inquired into the circumstances of this death and determined the circumstances do not fall under the jurisdiction of the Coroner.

As such, the decedent's physician will sign the Certificate of Death.

As the next of kin I am requesting that a private autopsy be conducted by the Coroner's Office. I understand that the cost of the autopsy will be as follows:

Autopsy Procedure\$2,995.00

Standard toxicology and microscopic tissue evaluation will be included if it is needed to determine cause of death. Any toxicology test or microscopic studies requested solely by the NOK will incur an additional cost to the NOK and charged at the current Coroner's Rate via NMS Labs pricing.

I also understand that under the terms of this private autopsy the examination is conducted to determine the cause of death only.

I agree to pay \$2995.00 to the Contra Costa County Sheriff-Coroner prior to the start of the autopsy procedure. NOTE: Only cash or a cashier's check will be accepted.

Relationship to Decedent
 Spouse Child Parent Brother Sister
 Title of person entitled by law to authorize autopsy (DPOA, AHCD, etc):

Circle One: Full Autopsy or Autopsy with the Following Restrictions: _____

Name _____

Address _____

Telephone number (_____) _____ - _____

Date ___/___/___

Signature _____ Witness _____