



# AUTOPSY OBJECTION FORM

JEFFERSON COUNTY  
MEDICAL EXAMINER'S OFFICE  
531 MEADE STREET  
WATERTOWN, NEW YORK 13601  
Phone 315-786-3755

Date: \_\_\_\_\_

I, \_\_\_\_\_, state that I am the \_\_\_\_\_  
(Print Name) (Relationship to decedent)

of \_\_\_\_\_, DOB: \_\_\_\_\_  
(Decedent's Name)

Who passed away on \_\_\_\_\_. I state that I object to the performance of an autopsy on  
(Date of Death)

\_\_\_\_\_. I have been advised and informed of the advantages of the autopsy  
(Decedent's Name)

procedure by Medical Investigator, \_\_\_\_\_. I understand I have a right to an autopsy

on \_\_\_\_\_ and am waiving that right.  
(Decedent's Name)

Signature: \_\_\_\_\_

**Notary use only below this line**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20 \_\_\_\_