



NEXT OF KIN VERIFICATION FORM

Patient Name: _____
First Middle Last

Date of Birth: _____ Social Security Number: _____

Commonwealth of Kentucky recognizes the following order of legal authority when requesting authorization for autopsy from next of kin of decedent:

- a. Spouse
b. Children (age 18 or over)
c. Grandchildren (age 18 or over)
d. Great grandchildren (age 18 or over)
e. Father and/or Mother
f. Brothers and sisters (age 18 or over)
g. Nieces and nephews
h. Grand nieces and nephews
i. Maternal and paternal grandparents
j. Uncles and Aunts and their descendants
k. Great-grandfathers and great-grandmothers
l. Brothers and sisters of great-grandfathers and great-grandmothers
m. Legal Guardian or the person who assumes responsibility to dispose of the body (person giving authorization)

I, _____ do hereby verify that I am the appropriate next of kin to
(Your Name)

give legal authority for autopsy on _____
(Name of Decedent)

Printed Name

Address of Next of Kin

Signature

Phone Number of Next of Kin

Date of Signature

Relationship to Patient

Witness