

AUTHORIZATION TO COLLECT DNA / FINGERPRINTS AND PHOTOGRAPH DECEDENT

Location				Case ID#
Decedent	First Name	Middle Name	Last Name	
	Date of Birth	Date of Death	Sex	

I have provided directions below related to the collection of DNA:

_____ I direct and authorize Licensee to collect Decedent's DNA prior to final disposition.
Initial Email Report to

_____ I decline the opportunity to collect and store Decedent's DNA material.
Initial

I have provided directions below related to the collection of fingerprints:

_____ I direct and authorize Licensee to collect Decedent's fingerprints prior to final disposition.
Initial

_____ I decline the opportunity to collect and store Decedent's fingerprints.
Initial

Photography of Decedent

_____ **In the event that the remains of the Decedent are transferred out of the care of Location for any reason or photography is requested by me,** I authorize Location to photograph the remains of Decedent for purposes of identifying and documenting the condition of the remains. Prior to such photography, I authorize Location to prepare the remains by taking any or all of the following actions as deemed necessary by Location: washing the hair and body, setting of the features (i.e. closing the eyes and mouth) and, if necessary, suturing and aspiration of the body (i.e. suctioning of excess fluids and/or gases from the body).

Initials

The undersigned represents that he or she is the Authorizing Agent for the Decedent and authorizes the Location identified above to take the actions described herein. The services may be performed at the Location identified above or at another location equipped to provide such services.

The Authorizing Agent assumes all liability for and does hereby agree to indemnify, defend and hold harmless the Location, its owners, affiliates, subsidiaries, its and their owners, officers, directors, employees, agents and assigns from any and all claims, damages, liabilities, losses, costs, expenses or causes of action (including reasonable attorney's fees and expenses of litigation) which are related to the actions taken pursuant to this Authorization.

_____ Signature of Authorizing Agent	_____ Date Signed
_____ Name of Authorizing Agent	_____ Relationship to Decedent
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