



SAN MATEO COUNTY CORONER'S OFFICE

Robert J. Foucrault, Coroner
50 Tower Road San Mateo, CA 94402
Phone (650) 312-5562 Fax: (650) 571-6258

Private Autopsy Request

Decedent Information

Deceased Name: _____

Date of Death: _____ Location of Death: _____

Requesting Person

Name: _____

Relationship to Deceased: _____ Legal Paperwork Provided

Address: _____

Phone: _____ Alternate: _____

Authorization:

I am the person(s) authorized by law to direct disposition of the remains of the above named deceased.
Initials _____

I authorize the examining Pathologist to remove tissues, organs and/or other specimens, and to preserve and/or contribute the same for such diagnostic, therapeutic or other scientific purposes as the San Mateo County Coroner shall deem appropriate. *Initials* _____

I authorize the Coroner and examining Pathologist to receive medical information for the above named deceased pursuant to California Civil Code §56.10(b)(8). *Initials* _____

I understand the cost of the autopsy is \$3675.00 and the fee shall be paid prior to the start of any investigation or autopsy. I understand it will be my responsibility to pay for any and all testing the Coroner may request in an effort to determine the diagnosis of death. *Initials* _____

This authorization is in accordance with California Government Code §27520 and the fee set forth in Ordinance No. 03587, Board of Supervisors, County of San Mateo, State of California.

Signed: _____ Date: _____

Witness: _____ Date: _____



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General Information

Name of the Deceased:	
Date of Death:	Date of Birth:
Reported to this office at time of death? Yes <input type="checkbox"/> No <input type="checkbox"/> Case Number:	

Physician Information

Primary Care Physician

Name:			
Address:	City:	State:	Zip:
Phone: (home)	(work)	(cell)	

Specialist / Other:

Name:			
Address:	City:	State:	Zip:
Phone: (home)	(work)	(cell)	

Specialist / Other:

Name:			
Address:	City:	State:	Zip:
Phone: (home)	(work)	(cell)	

Hospitalizations / Medical Facilities

Hospital:	Medical Record #:
Hospital:	Medical Record #:
Hospital:	Medical Record #:

