



COUNTY OF BERGEN
 DEPARTMENT OF PUBLIC SAFETY
MEDICAL EXAMINER
 351 E. Ridgewood Avenue • Paramus, New Jersey 07652
 201-634-2940 • FAX 201-634-2950

OBJECTION TO AUTOPSY

I understand that an autopsy may resolve important issues relating to the cause and/or manner of death and that such issues may become important in the resolution of future legal and/or insurance matters. I acknowledge that if no autopsy is performed, the cause and manner of death may be undetermined. Nonetheless, I object to the performance of an autopsy on the decedent named below.

DECEDENT: _____ **ME CASE NO. 02-** _____

I _____ am the (relationship) _____
 (Print Name)
 of the above-named decedent.

A. MY OBJECTION IS BASED ON (select one):

- Decedent's religious beliefs.
- Decedent's secular beliefs.

B. WITH RESPECT TO FORENSIC TESTING (select one):

- I DO NOT object to the taking of blood and/or fluid samples by syringe for toxicology and other analysis as long as no incision is made.
- I DO object to the taking of blood or other fluids by any means.

C. CERTIFICATION:

I hereby certify on this, Date: _____

- a. That the foregoing statements made by me are true.
- b. I am aware that with regards to deaths that fall under the jurisdiction of the Bergen County Medical Examiner Office, the assigned Medical Examiner has the authority to determine whether an autopsy is necessary.
- c. I am also aware that religious objections may be overridden by compelling public necessity.
- d. I further understand that, while this Objection to Autopsy will be considered in deciding whether an autopsy will be performed, it is not the determining factor.

Signed: _____

Date: _____

In witness whereof I have executed this instrument:

Sworn to and subscribed Before
me this _____ **Day of**
 _____ **20** _____

Notary Public