

AUTOPSY FORM

Deceased's name: _____ Contract # _____

I/We will not be pursuing any medical doctor, pathologist, etc. to perform an autopsy of _____ ("Deceased"). Therefore, I/We hereby authorize **Simply Cremation & Funeral Arrangements** ("Funeral Home") including its agents and employees, to care for and prepare for disposition of the body of the deceased mentioned above, in accordance with its customary practices.

I/We agree that with this acknowledgement, the Funeral Home will follow through with disposition once a disposition permit from the State of Arizona is received.

I/We represent that I/We have legal authority to handle the arrangements and disposition of the deceased's remains. I/We agree to indemnify and hold harmless the Funeral Home, its affiliates and their agents and employees from any and all liability or claims which may arise as a result of this form or any action taken in accordance herewith.

Funeral Home Representative

Signature and Relationship to Deceased

Date

Funeral Home Representative

Signature and Relationship to Deceased

Date