



# JOHNSON COUNTY

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**Medical Examiner Department**  
**Marcus Nashelsky, M.D., Medical Examiner**  
**Clayton Schuneman, Administrative Director**

## Autopsy Report Request

Please complete this form and mail or email to the following address:

Johnson County Medical Examiner Department  
808 S. Dubuque Street  
Iowa City, IA 52240  
JCME@co.johnson.ia.us

Name of Decedent:

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Date of Death:

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### Requestor's Information\*

Full Name:

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Relationship to the Decedent\*\*:

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Telephone Number:

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Mailing Address:

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Email Address:

(For law enforcement requests only)

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Date of Request:

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Signature of Person  
Completing this Form:

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\*Iowa Code § 22.7(41)

\*\*The person/class of persons which come first in the following list is authorized to receive an autopsy report as immediate next of kin:

1. The surviving spouse of the decedent, if not legally divorced from the decedent, or if there is no surviving spouse:
2. A child or children of the decedent, or if there is no surviving spouse and no surviving children:
3. A parent of the decedent, or if there is no surviving spouse, child, or parent:
4. A sibling of the decedent, or if there is no surviving spouse, child, parent, or sibling:
5. A grandparent of the decedent, or if there is no surviving spouse, child, parent, sibling, or grandparent:
6. A grandchild of the decedent.