



For
Autopsy Services
use only

Body and Personal Effects Record

Decedent Information

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Gender: M F Weight: _____ Height: _____

Releasing Facility Information

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Releasing Individual (Print): _____

Signature: _____

Receiving Facility Information

Facility Name: _____

Facility Address: _____

City: _____ State: _____ Zip: _____

Releasing Individual (Print): _____

Signature: _____

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A. Clothing

- Belt Blouse Bra Dress Footwear Hat/Cap Socks
- Pajamas Panties Pants Robe Shorts Skirt Jacket
- Swimsuit Tie Undershirt Undershorts Vest Hosiery Sweater

Other (explain): _____

B. Jewelry

- No
- Yes (List all items.): _____

C. Personal Items

- Billfold/Purse Cell Phone Checks Cigarettes Comb/Brush Driver License/
I.D. Card
- Dentures Glasses/
Contact Lenses Handkerchief Keys Lighter Pager
- Papers Pen/Pencil Photos Pipe/Cigar Pocket Knife Watch
- Social Security Card Other (List all items.): _____

- Credit Cards _____

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D. Money

Bills:	Coins:	Travel Checks: \$ _____
\$100 \$ _____	\$1.00 _____	
\$50 \$ _____	\$0.50 _____	
\$20 \$ _____	\$0.25 _____	
\$10 \$ _____	\$0.10 _____	
\$5 \$ _____	\$0.05 _____	
\$1 \$ _____	\$0.01 _____	
Subtotal: \$ _____	Subtotal: \$ _____	Subtotal: \$ _____

Grand Total: \$_____

UF Health Autopsy Services is not responsible for any personal property of the deceased not listed on this form.