

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of: _____

Deceased Person _____

Date of Birth: _____

Date of Death: _____

CASE NO. _____

**PETITION FOR ORDER AUTHORIZING
DISPOSITION OF UNCLAIMED BODY
(UNDER AS 12.65.100)**

I, the undersigned, swear or affirm under penalty of perjury that the following is true to the best of my knowledge and belief following diligent inquiry:

1. a. The death of the above-named person ☐ was ☐ was not reported to the office of the State Medical Examiner (SME) under AS 12.65.005.
SME Case No. _____
b. The office of the SME does not need the body for further examination.
c. ☐ The death is not being investigated by police or prosecutors.
☐ The death is being investigated by the police, but the body is no longer needed and _____
(name and title)
of the _____
(law enforcement or prosecutor's office)
has no objection to burial or cremation.
2. I reviewed the attached affidavit(s) in support of this petition.
3. The following items relating to the death investigation are attached:
☐ Copy of the death certificate (mandatory)
☐ Reports from law enforcement
☐ Other: _____

4. I request a court order authorizing the Department of Health and Social Services to arrange for the
☐ Plain and decent burial of the body of the above-named person.
☐ Cremation of the body and the decent interment of the remains. The reason for cremation is _____

5. Property.

☐ In addition to the property described on the supporting affidavit(s), the following property belonging to the deceased _____ is located at _____

6. Other information relevant to this petition:

Date

State Medical Examiner / Deputy Medical Examiner

Print or Type Name

Telephone Number

Fax Number

Subscribed and sworn to or affirmed before me at _____,
Alaska, on _____.
(date)

(SEAL)

Clerk of Court, Notary Public, or other
person authorized to administer oaths.
My commission expires _____