

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of:

Deceased Person \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

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)  
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)

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:

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Date

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State Medical Examiner / Deputy Medical Examiner

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Print or Type Name

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Telephone Number

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Fax Number

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

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(SEAL)

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