Certification Of Religious Belief And Religious Objection To Autopsy Form

(Form: 99 Certificate Religious Belief)

I, the undersigned principal, do execute this statement and certification freely and willingly and do hereby declare that any autopsy of my body is a violation of my religious beliefs and of my religious rights. Any procedure following my death that allows my body to deteriorate also violates my deeply held convictions. It is my stated intent to be cryonically preserved by the American Cryonics Society upon legal pronouncement of my death. These actions are fully consistent with my strongly held and maintained religious values, beliefs, and legal declarations. I additionally do state my conscientious objection to any such autopsy procedure(s).

Any post-death removal of parts of my body, dissection, or related procedure(s) not in accordance with my declaration of Anatomical Donation and gift of brain matter for scientific and medical research purposes shall be a substantial burden upon my free exercise of belief and is prohibited. I hence object to such postmortem actions unequivocally and without reservation.

This instrument is executed pursuant to:

State of California Government Code 27491.43, New Jersey Statutes Annotated 52:17B-88.1 through 88.6, Maryland Health Code 5-310(b)(2), Ohio Code 313.131 New York Public Health Law 4210-c(1) et seq., Rhode Island Health and Safety Code 23-4-4.1,

Constitution for the United States of America "Full Faith and Credit" provision (Article IV, Section 1), Constitution for the United States of America Amendment 1 of the Bill of Rights, and those Privacy Rights provisions under State Constitutions and federal statutes

Signed this day of the month of	in the year at the
place of:,	,
x	
Signature of Principal	Print Name of Principal
Address of Principal	
Social Security Number of Principal:	
x	
Signature of Witness #1	Print Name of Witness #1
Address of Witness #1	
Social Security Number of Witness #1:	
x	
xSignature of Witness #2	Print Name of Witness #2
Address of Witness #2	
Social Security Number of Witness #2:	
Signature of Principal's Religious Advocate (on	otional):