

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

In the Matter of: \_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
Deceased \_\_\_\_\_ )  
\_\_\_\_\_ )

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 \_\_\_\_\_