

Date: _____

I _____ resident of Greenville County of South Carolina, residing at..... hereby authorize The Islamic Society of Greenville South Carolina and my primary care physician Dr.....of..... located at..... to act on behalf of me in case of my death, where an Autopsy is recommended by the Coroner office. I request the cancelation of the autopsy even if the circumstances clearly indicate of any foul play in occurrence of my death. I also request the Coroner not to perform the autopsy and let my family perform my burial as per my faith and religion and according to my wish.

I hope my humble request will be honored by the Coroner Office and may the Lord bless them all.

Name: _____

Signature _____

Witnesses.

Member of Islamic Society of Greenville.....

Name of Physician Dr.

Notary Public.....

My commission expired on _____ day of _____ 20__