



RICE COUNTY CORONER'S OFFICE

Randolph J. Reister, M.D.

Rice County Government Services Building

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Certificate of Religious Belief

Pursuant to Minnesota Statute § 390.11, Subd. 2b, I hereby execute this Certificate of Religious Belief:

Affiant's Name: _____

Decedent's Name: _____

Date of Birth: _____

Affiant's Relationship to Decedent: _____

Decedent's Religious Affiliation:

Any autopsy of my family member's body is a violation of his/her religious beliefs. Any procedure which allows the postmortem deterioration of his/her body is a violation of his/her religious beliefs.

Basis for religious objection to autopsy: _____

I will assume responsibility for the lawful disposition of the body of the deceased. I understand that the manner of death may not be classified.

Date: _____

Signature: _____

Subscribed and affirmed before me in the County of _____, State of Minnesota, this _____ day of _____, 20____.

(Notary's official signature)