

**REQUEST COPY OF CORONER'S AUTOPSY REPORT**

CR # \_\_\_\_\_

Date: \_\_\_\_\_

Decedent's Name: \_\_\_\_\_

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

Release to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

*(If you would prefer an emailed copy instead of mailed, fill in below also)*

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

**\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\***

Picked up: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Mailed: \_\_\_\_\_

Faxed: \_\_\_\_\_

E-mailed: \_\_\_\_\_

Completed by: \_\_\_\_\_