

Robert P. Astorino  
County Executive

Department of Laboratories and Research

Kunjata Ashar, M.D.  
Pathologist/Medical Examiner

**REQUEST FOR AUTOPSY REPORT**

1. Name of Deceased: \_\_\_\_\_
2. Date of Death: \_\_\_\_\_
3. Decedent's Date of Birth: \_\_\_\_\_
4. Name of Requester: \_\_\_\_\_
5. Address of Requester: \_\_\_\_\_  
\_\_\_\_\_
6. Telephone Number: \_\_\_\_\_
7. Relationship to Deceased: \_\_\_\_\_

UNDER THE PENALTIES OF PERJURY, I HEREBY SUBMIT THE ABOVE  
INFORMATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**FOR OFFICE USE ONLY:**

Date Request Received: \_\_\_\_\_

Release of Autopsy Report: (Signature & Date): \_\_\_\_\_

