

George Latimer
County Executive

Department of Laboratories and Research

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 HERBY 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): _____

10 Dana Road
Valhalla, New York 10595
Tel. (914) 231-1715
Fax (914) 231-4458

Medical Examiner
Tel.: (914)231-1600
Fax (914) 231-4458

Forensic & Toxicology
Tel. (914) 231.1630
Fax (914) 231-1798

Public Health
Tel. (914) 231-1610 (Microbiology)
Tel. (914) 231-1620 (Environmental)
Fax (914) 231-1772