

## AUTOPSY REQUEST FORM

Please complete the following information and mail or fax this document to the above address or fax. **The autopsy report normally takes 3 to 6 weeks to complete.** Upon completion of the report, you will be notified and informed of the number of pages. There is a charge of \$1.25 per page of the report.

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

Name of the deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_ Date of request: \_\_\_\_\_

How you are affiliated with the deceased: \_\_\_\_\_

How do you want the report sent to you; Mail, Fax, or Email: **\*\*\*Please note that all faxed and email request need to have a valid contact phone number\*\*\***

Street Address: \_\_\_\_\_ # \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

CONTACT PHONE NUMBER: Area Code \_\_\_\_\_ Number \_\_\_\_\_

FAX : Area Code \_\_\_\_\_ Number \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_