FAMILY MEMBER REQUEST FORM

I_____BEING THE LEGAL NEXT OF KIN_____OF

(Next of Kin Name) **(Relationship to the deceased)**

_____DATE OF DEATH_____/_____/_____

(Decedents Names)

I am requesting a copy of the final autopsy report for the above name decedent. I certify that I am the legal next of kin to the above-named person and release the coroner's office of any liability should this not be accurate and true. Legal next of kin is defined as the following and in this order: Legal Spouse, child 18 years or older, parents, siblings.

( ) Please mail the report to this address:_____

_____, State:_____Zip_____

( ) Send vis Email to this address:_____

Contact phone number: ( ) _____

Signature:_____Date:_____/_____/_____

NOTARY INFORMATION:

On the _____day of _____ in the year 20____, before me the undersigned a notary public in and for the said state personally appeared before me either personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies). And that by his/her/their signatures(s) on the instrument, the individual(s), or person upon behalf of which the individual(s) acted, executed the instrument. Notary Public:_____Seal:_____

OFFICE USE: Sent_____BY:_____DATE: _____/_____/____