

AUTOPSY REPORT REQUEST FORM

Under Florida Statute, autopsy reports are public record, once signed by the medical examiner and the case is no longer under active investigation by law enforcement or the state attorney's office. Individuals requesting reports are asked to provide the following information, to process the request in a timely manner:

NAME OF DECEASED: _____

DATE OF DEATH: _____

REQUESTOR'S NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

RELATIONSHIP TO DECEDENT (optional): _____

OTHER INFORMATION: _____

METHOD OF DELIVERY OF REPORT

- ☐ REGULAR MAIL
- ☐ FAX (Provide fax number: _____)
- ☐ ELECTRONIC MAIL (Provide e-mail address: _____)
- ☐ OTHER (Specify: _____)

FOR MEDICAL EXAMINER OFFICE USE

REQUEST RECEIVED BY: _____ ME CASE #: _____

DATE: _____ TIME: _____

AUTOPSY REPORT SENT:

BY: _____ METHOD: _____

DATE: _____