CORONER AUTOPSY/TOXICOLOGY REPORT REQUEST FORM

Today's Date: _____

1. Requestor, please list your contact information below:

Your Name: _____

Address: _____

City, State and Zip: _____

Phone Number(s): _____

2. List who you are in relation to the deceased (e.g., husband, wife, mother, son, etc):

_____

3. Reason for your request (e.g. closure, insurance purposes, etc):

_____

_____

4. Deceased's information:

Name of the deceased: _____

Date of death (if known): _____

5. Place a check-mark next to the report(s) you are requesting:

- ☐ Autopsy Report
- ☐ Toxicology Report
- ☐ Other: _____

6. Please sign below and return this report request to:

Tuolumne County Sheriff's Office – Civil/Coroner Clerk
28 N. Lower Sunset Drive
Sonora, CA 95370

_____

Your Signature