AUTOPSY REPORT REQUEST

JEFFERSON COUNTY
MEDICAL EXAMINER'S OFFICE
531 MEADE STREET
WATERTOWN, NEW YORK 13601
Phone 315-786-3755

Autopsy reports may be requested by immediate next-of-kin. ***All requests must be notarized and mailed to the Jefferson County Medical Examiner's Office at the above address.***
Faxed, e-mailed or copied requests will not be accepted. Autopsy reports will be mailed to the address provided below.

Date: _____

I, _____, am requesting a copy of the
(Print Name)

Autopsy Report from the Jefferson County Medical Examiner's Office for

_____ who passed away on _____.
(Decedent's Name) (Date)

My relationship to the decedent is: _____

_____
Signature

Report to be mailed to: _____
Address

_____
City, State, Zip

_____
Phone #

Notary use only below this line

STATE OF _____

COUNTY OF _____

Sworn to me on this _____ day of _____, in the year 20 ____