

I request a copy of the Autopsy Report

For _____

(Name of Deceased)

(Date of Death)

I understand that these reports may not be available for several weeks from the time of request. I also understand that this request will be attached to the above named decedent's case file and as soon as the reports are completed a copy will be mailed or emailed to the provided address.

Requested by _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

Signature _____

- Please **email** the report to the email above.
- Please **mail** the report to the address above.

Instructions

Please fill this form and submit to the coroner's office by mail or email.

Mail to:

Henry County Coroner's Office
c/o Records Request
PO BOX 266
Napoleon, OH 43545

Email to:

kylie.myles@henrycountyohio.gov

BELOW THIS LINE IS FOR OFFICE USE ONLY

Date Completed _____