



Utah Department of
Health & Human Services
Medical Examiner

Phone: 801-816-3850
Fax: 801-964-1240

RECORDS REQUEST FORM

Mail to: Utah Office of the Medical Examiner
4451 South 2700 West
Taylorsville, UT 84129

DECEDENT INFORMATION

NAME:

BIRTH DATE:

DATE OF DEATH:

OME CASE # (if known):

TYPE OF RECORDS REQUESTED

* Fees apply. Make check/money order payable to: Utah Medical Examiner's Office

AUTOPSY/TOXICOLOGY REPORT OTHER (SPECIFY): _____

SEND REQUESTED MATERIAL TO

RELATIONSHIP:

NEXT OF KIN LEGAL AGENCY INSURANCE AGENCY
 OTHER (SPECIFY): _____

AGENCY:
(IF APPLICABLE)

NAME:

ADDRESS:

CITY, STATE, ZIP

NEXT OF KIN AUTHORIZING REQUEST

CURRENT SPOUSE SIBLING CHILD (18+) PARENT GRANDPARENT GRANDCHILD (18+)
 LEGAL GUARDIAN (ATTACH DOCUMENTATION) LEGAL REPRESENTATIVE (ATTACH DOCUMENTATION)

NAME:

PHONE #:

EMAIL:

SIGNATURE:

DATE:

FORM MUST BE NOTARIZED AND RECEIVED IN-OFFICE WITHIN 90 DAYS

STATE OF:

COUNTY OF:

Subscribed and sworn before me this _____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

(SEAL)