

# Utah Office of the Medical Examiner (OME) records request form



Mail the completed form to:

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

## Decedent information

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Date of death: \_\_\_\_\_

OME case number (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 number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Form must be sent to the Office of the Medical Examiner within 90 days of being notarized.**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(SEAL)

My commission expires: \_\_\_\_\_