

RECORDS REQUEST FORM



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

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

DECEDENT INFORMATION

Full Name: _____
OME Case # (if known): _____
Date of Death: _____ Birth Date: _____

TYPE OF RECORD REQUESTED

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

Autopsy/Toxicology Report Other (specify): _____

SEND REQUESTED MATERIAL TO:

BY: Mail Email

Next of Kin Legal Agency Insurance Agency Other (specify): _____

Agency (if applicable): _____
Name: _____
Address: _____
City, State, Zip: _____
Email: _____

NEXT OF KIN AUTHORIZING REQUEST

Current Spouse Sibling (18+) Grandparent Legal Guardian (attach court order)
 Child (18+) Parent Grandchild (18+) Legal Representative (attach court order)

Name: _____
Phone #: _____ Email Address: _____
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)