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## OFFICE OF THE MEDICAL EXAMINER

2350 East Michigan Street  
Orlando, Florida 32806-4939  
Phone (407) 836-9400  
Fax (321) 321-8173

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### **REQUEST FOR AUTOPSY REPORT**

Date Requested: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

M.E. Case Number: \_\_\_\_\_ (if known)

Date of Death: \_\_\_\_\_

It is the preference of this office to send the autopsy report to the requestor by means of email. If the requestor does not wish to provide an email address to us, we will either mail or fax the report to the requestor or contact the requestor to come and pick-up the report.

### **REQUESTOR**

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

Telephone Number\*: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

How would you prefer to receive the requested report?

E-mail    Fax    Mail    Pick Up/In Person

Notes:

*\*Required fields*