



# AUTOPSY REPORT REQUEST

JEFFERSON COUNTY  
MEDICAL EXAMINER'S OFFICE  
531 MEADE STREET  
WATERTOWN, NEW YORK 13601  
Phone 315-786-3755

*Autopsy reports may be requested by immediate next-of-kin. **All requests must be notarized and mailed to the Jefferson County Medical Examiner's Office at the above address.***

*Faxed, e-mailed or copied requests will not be accepted. Autopsy reports will be mailed to the address provided below.*

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

I, \_\_\_\_\_, am requesting a copy of the  
(Print Name)

Autopsy Report from the Jefferson County Medical Examiner's Office for

\_\_\_\_\_ who passed away on \_\_\_\_\_.  
(Decedent's Name) (Date)

My relationship to the decedent is: \_\_\_\_\_

\_\_\_\_\_  
Signature

Report to be mailed to:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone #

**Notary use only below this line**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20 \_\_\_\_