

Records Department

Application

Philadelphia Medical Examiner's Office

321 University Avenue

Philadelphia, PA 19104

Phone: (215)685-7456 and Fax (215)685-9465

(Hours of Operation: Mon - Fri, 9am to 4:30pm)

Today's Date _____

Deceased Name _____ Date of Death _____ Case No. _____

Applicant's Name _____ Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell Phone No. _____ Work No. _____

Are you the next of kin (yes or no) Your Relationship to deceased _____

Signature Please

PLEASE READ

IF YOU ARE NOT THE NEXT OF KIN, WRITTEN AUTHORIZATION MUST BE ATTACHED

OR

If you are an Attorney or company, you must submit a formal letter with written authorization from the next of kin. Or, mail or hand-deliver a subpoena that has been approved by the Philadelphia Law Department

PERSON AUTHORIZING RELEASE OF INFORMATION

I _____ Authorize _____
to receive any/all information pertaining to this file.

Date Signed

INFORMATION REQUESTED: (Please Check the Information Requested)

Case File(\$35) ___ Autopsy & Tox(\$30) ___ Photos/Histology Slides(\$5.50ea) ___ Tox (\$3) ___

****** METHOD OF PAYMENT******

(Checks or Money Orders Only)

Check No. _____ Money Order No. _____ Bill Me _____

(Please allow 12 weeks or more for records to be complete)