

**Philadelphia Medical Examiner's Office**

321 University Avenue

Philadelphia, PA 19104

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

**(Hours of Operation: Monday – Friday, 9am to 4:30pm)**

**Records Request Form**

Date \_\_\_\_\_

Decedent's Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Case No. \_\_\_\_\_

Requester's Name \_\_\_\_\_

Requester's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Your relationship to decedent \_\_\_\_\_

**IF YOU ARE NOT NEXT OF KIN, PLEASE HAVE THE "AUTHORIZATION" SECTION BELOW COMPLETED  
OR**

If you are an attorney or organization, you must submit a formal letter with authorization from the next of kin or mail or hand-deliver a subpoena after getting a stamp of approval from the Philadelphia Law Department located at 1515 Arch Street, Philadelphia, PA 19102.

Signature \_\_\_\_\_

**INFORMATION REQUESTED (Check all that apply)**

Complete Case File (Includes Autopsy & Toxicology Reports) (\$35) \_\_\_\_\_ Photos (\$5.50ea) \_\_\_\_\_

Histology Slides (\$5.50ea) \_\_\_\_\_ Autopsy & Toxicology Reports (\$30) \_\_\_\_\_ Toxicology (\$3) \_\_\_\_\_

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

(Check or Money Order Only - Payable to City of Philadelphia)

Check No. \_\_\_\_\_ Money Order No. \_\_\_\_\_ Bill Me \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
to receive any/all information pertaining to or contained within this file.

Signature \_\_\_\_\_ Date signed \_\_\_\_\_