



Medical Examiner's Office  
321 University Avenue  
Philadelphia, PA 19104

Phone: (215) 685-7456  
Fax: (215) 685-9465  
Email: medicalexaminer@phila.gov

Hours of Operation:  
Monday – Friday. 9 a.m. to 4:30 p.m.

## Records Request Form

Decedent's Name: \_\_\_\_\_ Date of Death/Case #: (if known) \_\_\_\_\_

Requester's Name: \_\_\_\_\_ Relationship to Decedent: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # (home/cell): \_\_\_\_\_ (work #): \_\_\_\_\_

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

<b>INFORMATION REQUESTED</b> <small>(check all that apply)</small>			
	Complete Case File (Includes Autopsy & Toxicology Reports)		\$50.00
	Autopsy & Toxicology Reports		\$35.00
	Photos		\$5.50 each \$5.50 per CD
	Histology Slides		\$8.00 each
<b>METHOD OF PAYMENT (check one)</b> <small>(Check or Money Order made payable to "City of Philadelphia")</small>			
	Check	Check #:	Amount paid: \$
	Money Order	Money Order #:	Amount paid: \$
	Bill Me		

**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 by 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.*

### AUTHORIZATION TO RELEASE INFORMATION

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

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