



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

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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: _____ Email: _____

Phone # (home/cell): _____ (work #): _____

Signature: _____ Date: _____

INFORMATION REQUESTED (check all that apply)		
<input type="checkbox"/>	Complete Case File (Includes Autopsy & Toxicology Reports)	\$50.00
<input type="checkbox"/>	Autopsy & Toxicology Reports	\$35.00
<input type="checkbox"/>	Photos <small>(photos taken prior to 1996 are not digitized and cannot be placed on a CD)</small>	\$10 each \$10 per CD
<input type="checkbox"/>	Histology Slides	\$8.00 each
METHOD OF PAYMENT (check one) <i>(Check or Money Order made payable to "City of Philadelphia")</i>		
<input type="checkbox"/>	Check	Check #: _____ Amount paid: \$ _____
<input type="checkbox"/>	Money Order	Money Order #: _____ Amount paid: \$ _____
<input type="checkbox"/>	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: _____