



Medical Examiner's Office
 400 North Broad Street
 Philadelphia, PA 19130

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

Hours of Operation:
 Monday – Friday, 8:30 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"/>	Histology Slides	\$8.00 each

A copy of the next of kin's photo identification must be included.

If you are not next of kin, please complete the "authorization" section below.

If you are an attorney or organization, you must either

- submit a formal letter with authorization from the next of kin by mail,
- 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: _____

It may take up to 12 weeks for your request to be completed.
 If approved, an invoice for payment will be issued.