AUTOPSY REPORT REQUEST FORM

Autopsies are performed at the discretion of the Larimer County Coroner/ Medical Examiner. Autopsies can take 6 weeks or longer to complete. If you are requesting an autopsy report, please complete the form below and submit to our Office. There is a fee of $2.00 for each standard report. Please print legibly. You may print and mail, email, or fax the form to our Office, along with the fee. Upon receipt of the Request Form and fees, and completion of the autopsy report requested, we will send the report to you by the method you indicated below.

DECEDENT’S NAME: ________________________________

DATE OF DEATH; ______________________________________________________________________

REQUESTOR’S FULL NAME: _______________________________________________________________

REQUESTOR’S ADDRESS: ______________________ __________________________________________

REQUESTOR’S PHONE NUMBER: __________________________________________________________

RELATIONSHIP TO THE DECEASED: ______________________________________________________

SIGNATURE: ______________________________ DATE:________________________

I would like the Autopsy Report to be sent to me via:

[ ] EMAIL EMAIL ADDRESS: ______________________________________________________________

[ ] MAIL

[ ] FAX FAX #: ______________________________

Larimercoroner@larimer.org