

REQUEST FOR A COPY OF THE AUTOPSY REPORT

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

TELEPHONE: _____

I am requesting a copy of the autopsy report of:

DATE OF DEATH: _____

MY RELATIONSHIP TO THE DECEASED IS: _____

SIGNATURE: _____

SEND THIS REQUEST TO:

**REGIONAL MEDICAL EXAMINER OFFICE
ATTN: MEDICAL RECORDS
325 NORFOLK STREET
NEWARK, NJ 07103
973-648-7299**

YOU WILL BE NOTIFIED WHEN THE REPORT IS AVAILABLE.