



REQUEST FOR AUTOPSY REPORT

Today's Date: _____

Decedent's Name: _____

Date of Death: _____

Check one of the following categories:

- I am the decedent's lawful Next-of-Kin
- I am the investigating officer
- I am requesting the information pursuant to the Free of Information Act
- Other _____

Requestor's Printed Name: _____

Requestor's Signature: _____

Agency (if applicable): _____

Email address: _____

Mailing address: _____

City, State, Zip code: _____

Note: Completed reports will be mailed within 3 to 5 business days upon receipt of requests. Incomplete reports will be mailed as they become available. The reports will be sent by email, unless an email address is not available.

Email this form as an attachment to pathology@med.wmich.edu or fax it to 844.337.6001.