

**AUTOPSY REQUEST FORM**

I request a copy of the Autopsy and/or Toxicology Report on (name of Deceased), \_\_\_\_\_, Date of Death \_\_\_\_\_.

I understand that these reports may not be available for several weeks from the time of request. I also understand that this request will be attached to the above's case file and as soon as the reports are completed a copy will be mailed to the provided address.

Requested By \_\_\_\_\_ Relation to Deceased \_\_\_\_\_

Phone Number \_\_\_\_\_ Address \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Autopsy Request  
Ross County Coroner's Office  
217-A Delano Avenue  
Chillicothe, Ohio 45601

Or Fax to: 740/775-0887

**DO NOT WRITE BELOW LINE. (OFFICE USE ONLY)**

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Date Reports Completed \_\_\_\_\_

Date Reports Mailed \_\_\_\_\_

Sent By \_\_\_\_\_ Title \_\_\_\_\_