



CHAUTAUQUA COUNTY  
**HEALTH**  
DEPARTMENT

PAUL M. WENDEL, JR.  
*County Executive*

MICHAEL W. FAULK, M.D.  
*Chief Medical Officer*  
*Interim Public Health Director*

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Coroner Division

**REQUEST FOR AUTOPSY REPORT**

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Address of Deceased: \_\_\_\_\_

Requester Name: \_\_\_\_\_

Requester Organization: \_\_\_\_\_

Requester Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

UNDER THE PENALTIES OF PERJURY, I HEREBY SUBMIT THE ABOVE INFORMATION.

\_\_\_\_\_  
Signature of Requester

\_\_\_\_\_  
Print Name

Sworn before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public