



CHAUTAUQUA COUNTY HEALTH DEPARTMENT  
Coroner Division

PAUL M. WENDEL, JR.  
*County Executive*

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

**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