



CHAUTAUQUA COUNTY  
DEPARTMENT OF HEALTH AND HUMAN SERVICES - Coroner Division

GEORGE M. BORRELLO  
*County Executive*

CHRISTINE SCHUYLER  
*Director of Health and Human Services*  
*(Commissioner of Social Services/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