



Medical Examiner Office  
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Palm Beach County  
Board of County  
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Mack Bernard

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Verdenia C. Baker

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02/18

## REQUEST for AUTOPSY REPORT

I hereby request a copy of the following autopsy report:

Medical Examiner Case No: \_\_\_\_\_

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

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

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### REQUESTOR INFORMATION (Please **PRINT**)

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

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

Telephone Number: \_\_\_\_\_

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

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_