Office of the Medical Examiner
Palm Beach County- District 15
3126 Gun Club Road- West Palm Beach, FL 33406

REQUEST FOR AUTOPSY REPORT

I hereby request a copy of the following autopsy report:

Medical Examiner Case Number: _____

Name of Deceased: _____

Date of Death: _____

- -

REQUESTOR INFORMATION (Please **PRINT):**

Name: _____

Address: _____

_____

_____

Telephone Number: _____

Relationship to Deceased: _____

Email: _____

Signature: _____ Date: _____