

REQUEST FOR AUTOPSY/TOXICOLOGY REPORT

PLEASE PRINT CLEARLY:

DATE: _____

NAME: _____

ADDRESS: _____

CITY/STATE: _____

ZIP CODE: _____

TELEPHONE: _____

Decedent's Name: _____
Date of Death: _____
ME Case No. (if available) _____

YOUR RELATIONSHIP TO DECEDENT (check one):

- Spouse Civil Union Partner Domestic Partner Child Parent Sibling
- Closest Living Relative Executor/Administration (provide copy of surrogate certificate)
- Law Enforcement Agency Attorney/Insurance Co. (re: litigation)
- Insurance Co. (re: insurance claim) Physician (treated last illness/injury)
- Other Relationship (provide reason for request below):

REASON FOR REQUEST IF OTHER RELATIONSHIP:

PREFERRED DELIVERY (If no option is selected, report will be sent via US Mail):

- US MAIL PICK-UP EMAIL (unofficial copies only) _____ @ _____

SIGNATURE: _____

SEND REQUEST TO:

BERGEN COUNTY MEDICAL EXAMINER'S OFFICE
351 EAST RIDGEWOOD AVENUE
PARAMUS, NEW JERSEY 07652
FAX NO. 201-634-2950
EMAIL: BCMEO@bergencountyNJ.gov

Request Received: _____
Report Provided/Sent: _____
BY: _____

Pursuant to N.J.A.C. 8:70-3.2, the fee charged for copies of records supplied by this office shall be \$2.00 per page for each report. Minimum fee for an autopsy report, regardless of the number of pages, shall be \$10.00. As a courtesy, we do not charge next-of-kin and immediate family members for an unofficial copy of the autopsy report.