



OCME Records Department

421 East 26 Street, New York, NY, 10016

Phone: 212-323-1777

Website: <http://www.nyc.gov/ocme>

OCME Records Request Form (Family/Next-of-Kin Requests Only)

Form to be used only by family or next-of-kin requesting records to be sent to themselves.

Legal Name of Decedent: _____

Print Name (First Middle Last, Suffix)

Date of Death: ____/____/____ Date of Birth: ____/____/____ ME Case Number: _____
mm/dd/yyyy mm/dd/yyyy (Provided by OCME Identification Staff)

Borough of Death (Check One): ____Manhattan ____Bronx ____Brooklyn ____Queens ____Staten Island

Select the type of report/record you are requesting (Check One):

____Autopsy report only ____Complete medical examiner case file (contains autopsy report) ____Scene & autopsy photos*

**Note: please be aware of the graphic nature of the death scene and autopsy photos when making your request.*

PERSON REQUESTING THE OCME REPORT/RECORD

Print Name (First, Middle, Last): _____

Address: _____ Apt No: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Relationship to Decedent (REQUIRED): _____

How would you prefer to receive the OCME report/record? (Check One):

____USPS Mail ____Secure transmission via email ____Pick up from OCME 421 East 26th Street

Signature (REQUIRED): _____ Date: ____/____/____

PLEASE NOTE:

If you request an in-person pick up of the OCME report/record, then the Records Department will notify you when the report/record is ready. You may contact the OCME Records Department **Monday through Friday 8:00 AM to 5:00 PM by calling (212) 323-1777**. If you leave a voice message, please clearly state your full name, and provide a phone number where you can be reached during the Records Department's hours.

Final Autopsy Reports can take weeks to several months to finalize due to the detailed studies that may be performed. Note that the **relevant District Attorney's office** must approve release of case material when the Manner of Death is deemed by the medical examiner to be a **homicide**.

This form may be submitted via email to: **OCMEFamilyRecordsRequest@ocme.nyc.gov**

If you are submitting hard copy, please send the original signed form to:

Office of Chief Medical Examiner
Attention: Records Department
421 East 26th Street, 4th floor
New York, NY, 10016-6402