

OCME Records Department

421 East 26 Street, New York, NY, 10016

Phone: 212-323-1777

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

Autopsy Report Request Form

Form to be used <u>only by family</u> requesting records to be sent to themselves.

Name of Decedent:				
	Print Name (First Middle Last, Suffi	x)		
Date of Death: mm / dd/ yyyy	Date of Birth: N	ΛΕ Case Number (Provide	Case Number:(Provided by OCME Identification Staff)	
Borough of Death (Check One):	Manhattan	n Queens	Staten Island	
<u> </u>	PERSON REQUESTING THE AUTOPSY R	EPORT		
Address:			_ Apt No:	
City:	State:		_ Zip:	
Phone number:	Email:			
Confirm Email:				
	o):			
USPS Mail Secure trans	mission via email Pick up from	n OCME 421 East	26th Street	
How would you prefer to receive t	he Autopsy report? Check One:			
Signature (REQUIRED):			Date:	

PLEASE NOTE:

If you request in-person pick up of the Autopsy Report, the Records Department will notify you when the Report is ready. You may contact the OCME Records Department **Monday thru Friday 8am to 5pm 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 Records Department 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