

## **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:						
C	Print Name (First Middle Last, Suffix)					
Date of Death: / /	Date of Birth:	. / /	ME Case	ase Number:(Provided by OCME Staff)		
mm / dd / yyyy		mm / dd / yyyy	dd / yyyy	(Provided by OCME Staff)		
Borough of Death (Check One):	Manhattan	Bronx	Brooklyn	Queens	Staten Island	
SEL	ECT THE REP	ORT YOU AR	E REQUESTI	<u>NG:</u>		
Auto	opsy report (inclu	ding all laborate	ory reports refe	renced)		
PERS	ON REQUESTI	NG THE OCM	E REPORT/R	ECORD		
Print Name (First, Middle, Last)	:					
Address:				Apt. No:		
City:	State:			Zip:		
Phone Number:		Email:				
Relationship to Decedent (RE	QUIRED):					
HOW WOULD YOU PR	REFER TO REC	CEIVE THE O	CME REPOR	<u>Г/RECORD?</u> (О	Check One):	
USPS Mail Se	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: <u>OCMEFamilyRecordsRequest@ocme.nyc.gov</u>

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

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