



**Department of Forensic Biology**  
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Email: [FBiology\\_CODIS@ocme.nyc.gov](mailto:FBiology_CODIS@ocme.nyc.gov)  
Official Web site: [www.nyc.gov/ocme](http://www.nyc.gov/ocme)

### Request for Match Information Form

**Please enter all fields within this form.**

Requests for Match Information Forms will not be accepted if all applicable fields are not completed. All relevant information can be found from the DNA hit notification. All submitted forms must be typed, complete and correctly filled out. We will not accept handwritten or incorrect forms. Forms filled out incorrectly will be rejected. All forms should be emailed to the email address on top.

This form is to be used to request information from any DNA match or DNA hit notification.

Fulfillment of requests will not be guaranteed before 48 hours from the date of request.

Date of Request: \_\_\_\_\_

Requestor: \_\_\_\_\_

Assigned ADA's Name: \_\_\_\_\_

Requestor's Email: \_\_\_\_\_

Requestor's Agency: \_\_\_\_\_

Requestor's Phone Number: \_\_\_\_\_

Offender Name/Aliases: \_\_\_\_\_

Offender State ID #: \_\_\_\_\_

Offender Number: \_\_\_\_\_

DNA Hit Number: \_\_\_\_\_

NYPD Complaint Number: \_\_\_\_\_

Forensic Biology Case Number: \_\_\_\_\_

Forensic Biology Specimen ID: \_\_\_\_\_

Reason for  
Request

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Approved By: CODIS Manager  
Date effective:09/20/2021