

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

Autopsy/External Examination and Toxicology Report Request Form

Date of Death: _____

Name of Deceased: _____ Case Number: _____

Your Name: _____

Your Relationship to the Deceased: _____

Address for Report to be Delivered to: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

*Signature: _____

- * By signing this form, you are declaring you are the immediate next of kin to the above referenced deceased. If you are not the immediate next of kin, you must provide us with a signed authorization from the immediate next of kin allowing the release of this report to you.
- * Next of Kin Hierarchy (PA Law): 1) Spouse 2) Adult Children 3) Parents 4) Adult Siblings 5) Grandparents 6) Aunts/Uncles/Cousins
- Note: If individuals in the same category, both have equal rights.

Mail this form to: Allegheny County Medical Examiner
Records Request
1520 Penn Avenue
Pittsburgh, PA 15222

Reports may take from 14 to 24 weeks from the date of death to be completed

OFFICE OF THE MEDICAL EXAMINER
1520 PENN AVENUE • PITTSBURGH, PA 15222
PHONE (412) 350-4800 • FAX (412) 350-4899