



## REQUEST FORM – Next of Kin

\*\*\*One case per form\*\*\*

Case # \_\_\_\_\_ Decedent's Name \_\_\_\_\_

Date: \_\_\_\_\_ County of Death: \_\_\_\_\_

Autopsy Report

Toxicology Report

### YOUR CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP TO DECEASED \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER (REQUIRED): \_\_\_\_\_

One copy of finalized reports provided at no charge to legal Next of Kin. All request forms must be accompanied by a written authorization (i.e., letter) and documentation supporting your relationship to the decedent.

MAILED \_\_\_\_\_

PICKED UP \_\_\_\_\_

(signature)

Mississippi Office of the State Medical Examiner

215 Allen Stuart Dr.

Pearl, MS 39208

601-420-9140

Fax- 601-420-9152