



King County Medical Examiner's Office
 Harborview Medical Center
 325 Ninth Avenue, Box 359792
 Seattle, WA 98104-2499
 206-731-3232 Fax 206-731-8555
 TTY Relay: 711
 www.kingcounty.gov/health

King County Medical Examiner Records Request

DECEDENT INFORMATION	
Decedent Name: _____	
KCMEO Case #: _____	Date of Death: _____

REQUESTOR INFORMATION		
Name: _____	Daytime Phone: _____	
Mailing Address: _____		
Street Address		

City	State	Zip
Relationship to Decedent: _____		

_____ Signature	_____ Date
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RECORDS REQUESTED	
<input type="checkbox"/>	Autopsy and Toxicology Report** (\$50.00) <small>** Typical turnaround time for reports is 4 to 6 months</small>
<input type="checkbox"/>	Investigators Report
<input type="checkbox"/>	Photo CD (\$50.00)
<input type="checkbox"/>	(\$20.00)

OFFICE USE ONLY	
<input type="checkbox"/> Check Amt: _____	Rcvd: _____ By: _____

SHIP-TO ADDRESS IF DIFFERENT FROM ABOVE				
_____ Name	_____ Address	_____ City	_____ State	_____ Zip

Mail this form to:
King County Medical Examiner
 325 Ninth Ave, Box 359792
 Seattle, WA 98104