



**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: _____ <div style="text-align: center; margin-left: 100px;">Street Address</div> _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	<input type="checkbox"/> Pick-Up
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 5 months</small>	
<input type="checkbox"/> Investigators Report (\$20.00)	<input type="checkbox"/> Photo CD (\$50.00)

OFFICE USE ONLY	
<input type="checkbox"/> Check Amt: _____ Rcvd: _____ By: _____	
<input type="checkbox"/> Cash	
<input type="checkbox"/> CC (in person only)	
<input type="checkbox"/> Partial request: _____	

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

**Order in person:**  
**King County Medical Examiner**  
 Harborview Medical Center Ninth & Jefferson Building  
 908 Jefferson Street, 2<sup>nd</sup> Floor  
 Seattle, WA 98104