King County Medical Examiner's Office

Public Health
Seattle & King County

King County Medical Examiner Archive Records Request

(use for records prior to 1995)

PLEASE INCLUDE A COPY OF THE DEATH CERTIFICATE, *if applicable*

DECEDENT INFORMATION

Decedent Name: _____ Date of Death: _____

REQUESTOR INFORMATION

Name: _____

Daytime Phone: _____

Mailing Address: _____
Street Address

_____

_____
City State Zip

Relationship to Decedent: _____

RECORDS REQUESTED**

☐ Autopsy and Toxicology Report

☐ Investigators Report

☐ Photo CD

Important Information:

The types of records retained by KCMEO will vary depending on the year of death and records available.
Required payment will be discussed once the retained records have been confirmed by the ME staff

***It may take up to 7-10 business days to confirm the available records*

_____
Signature Date

CHOOSE ***ONE*** PREFERRED METHOD OF DELIVERY

☐ E-mail: _____

☐ Mailing Address, if different from above: _____

CHOOSE ***ONE*** PAYMENT LINK PREFERENCE

☐ E-mail: _____
☐ Cell phone: _____

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

OR

Email this form to:
ADMIN.MEO@kingcounty.gov

Updated: 03/2026