



### 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	RECORDS REQUESTED**
Name: _____	<input type="checkbox"/> Autopsy and Toxicology Report <input type="checkbox"/> Investigators Report <input type="checkbox"/> Photo CD
Daytime Phone: _____	
Mailing Address: _____ <div style="text-align: center;">Street Address</div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip</span> </div>	
Relationship to Decedent: _____	<p style="text-align: center;"><b>Important Information:</b></p> <p><i>The types of records retained by KCMEO will vary depending on the year of death and records available.</i></p> <p><i>Required payment will be discussed once the retained records have been confirmed by the ME staff</i></p>

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

Signature _____	Date _____
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OFFICE USE ONLY	
KCMEO Case #: _____	
<input type="checkbox"/> Requestor Contacted: _____	<input type="checkbox"/> Payment Received: _____
<input type="checkbox"/> Records Requested: _____	<input type="checkbox"/> Date Reports Mailed: _____

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