



King County Medical Examiner's Office

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: _____ Street Address _____	<p>Important Information:</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>
City _____ State _____ Zip _____	
Relationship to Decedent: _____	

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

_____ Signature	_____ Date
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CHOOSE ONE PREFERRED METHOD OF DELIVERY
<input type="checkbox"/> E-mail: _____
<input type="checkbox"/> Mailing Address, if different from above: _____

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

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