



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;"> City State Zip </div>	I'm including a copy of my: <div style="text-align: center; margin-left: 100px;">Photo ID</div> <div style="text-align: center; margin-left: 100px;">Court Documentation</div>
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 (\$20.00) (\$50.00)

OFFICE USE ONLY
Credit Card Amt: _____ Rcvd: _____ By: _____ Check Amt: _____ Rcvd: _____ By: _____

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

E-Mail:
 Admin.MEO@kingcounty.gov

Mail: King County Medical Examiner's Office
 325 9th Avenue, Box 359792
 Seattle, WA 98104