



Office of Chief Medical Examiner

421 East 26 Street, New York, NY 10016

Phone: 212-447-2030

Website: <http://www.nyc.gov/ocme>

Autopsy Report Request Form

Autopsy reports may be requested by next-of-kin.

Name of Decedent: _____
Print Name (First Middle Last, Suffix)

Date of Death: ___/___/___ Date of Birth: ___/___/___ ME Case Number: ___-___-___
mm/dd/yyyy mm/dd/yyyy (Provided by OCME Identification Staff)

Borough of Death (Check One): Manhattan Bronx Brooklyn Queens Staten Island

PERSON REQUESTING AUTOPSY REPORT

Print Name (First, Middle, Last): _____

Address: _____ Apt No: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Relationship to Decedent: (REQUIRED) _____

How would you prefer to receive the Autopsy report? Check One: USPS Mail In-person Pickup

Signature: (REQUIRED) _____ Date: ___/___/___
mm/dd/yyyy

PLEASE NOTE

If you request in-person pick up of the Autopsy Report, the Records Department will notify you when the Report is ready. You may contact the OCME Records Department **Monday thru Friday 8am to 5pm by calling 212 447 2030 then press 3**. If you leave a voice message, please clearly state your full name and provide a phone number where you can be reached during Records Department hours.

Final Autopsy Reports can take weeks to several months to finalize due to the detailed studies that may be performed. Note that the District Attorney must approve release of case material when Manner of Death is deemed by the medical examiner to be **homicide**.

This original, signed form must be sent to:

Office of Chief Medical Examiner
Attention: Records Department
421 East 26th Street, 4th floor
New York, NY 10016-6402