



**NYC**  
Office of Chief  
Medical Examiner

**Legal Department**  
421 East 26<sup>th</sup> Street, New York, NY 10016  
Telephone: 212-323-1900  
Email: [Legal@ocme.nyc.gov](mailto:Legal@ocme.nyc.gov)  
Official Website: [www.nyc.gov/ocme](http://www.nyc.gov/ocme)

**Request to Search for DNA Profile**

**Please enter as many fields as possible within this form.**

Requests sent to the Office of Chief Medical Examiner (“OCME”) to determine if an individual is in the Local DNA Index System (“LDIS”) subject index will be processed in the order they are received. Each request requires a separate form. The OCME may not be able to inform you if a sample has been submitted for an individual if not enough information has been provided below. Please note that OCME will only accept a request from the individual requesting a search, a minor’s parent or guardian, or an attorney representing the individual. Please email this form to: [legal@ocme.nyc.gov](mailto:legal@ocme.nyc.gov) or mail a copy to: The Office of Chief Medical Examiner, Legal Department, 421 East 26<sup>th</sup> Street, NY, NY 10016.

(For Individuals Only) In the event this LDIS search reveals my DNA profile exists in the database, I want OCME to undertake a review to consider my request for removal from the LDIS database.

**Basis of Removal:** \_\_\_\_\_

**Requestor Information:**

**Requestor’s Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship to individual this search is requested for:**  
(please check a box)

- Self
- Attorney
- Parent/Guardian

**Information for the individual this search is requested for:**

**Name of individual to search:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Other names known by:** \_\_\_\_\_

**NYSID # (if known):** \_\_\_\_\_

**Gender (optional):**  
 Male       Female

**NYPD 61 (complaint) # (if known):** \_\_\_\_\_

**FBS# (if known):** \_\_\_\_\_

**FB# (if known):** \_\_\_\_\_

**Year that the sample was taken (if known):** \_\_\_\_\_

**Last two known addresses:**

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**Address (at the time the sample was taken):** \_\_\_\_\_

**Comments / Additional Useful Information:** \_\_\_\_\_

**Please sign below:**  
\_\_\_\_\_

**Please print name below:**  
\_\_\_\_\_