

County of Santa Cruz

Sheriff-Coroner

5200 Soquel Avenue, Santa Cruz, CA 95062 (831) 454-7600 Fax (831) 454-7604

Jim Hart Sheriff- Coroner

AUTOPSY AND TOXICOLOGY REPORT REQUEST

| DECEDENT INFOR | MATION | | | | | |
|--|---|---|--|---|--|--|
| DECEDENT NAME: _ | | | | | | |
| DECEDENT DATE OF BIRTH: CASE NUMBER: | | | | | | |
| REQUESTOR INFO | RMATION | | | | | |
| NAME: | | | | | | |
| | | | | | | |
| MAILING ADDRESS: | | | | | | |
| CITY: | STATE: | ZIP CO | ODE: | PHONE NUMBER: | | |
| RELATIONSHIP TO T | HE DECEDEN | IT: | | | | |
| Records by phone (831) Payment has be Payment Method: CASE NOTIFICATION Please select how your Reports will be sent out of mailed out. If no payment Date:Req | 454-7600 or ema een made Cash DN: ou would like once they are rea t was received F uestor Signat eted forms to | Check Check to be notifi ady for releas Requestor wil ure: | As@santacruz Payment w Money Or ied once rep se. If payment I be notified via | ill be made once repo der/Cashier's Check _ ports are ready: C has been received beforef | orts are complete Credit Card Call Mail nand, the reports will be | |
| | FOR OFFICE USE ONLY | | | | | |