



# Fulton County Medical Examiner

430 Pryor Street SW, Atlanta, Georgia 30312

Phone: 404-613-4400



FAX: 404-224-8937

## REQUEST FOR AUTOPSY REPORT

Today's Date: \_\_\_\_\_

Decedent's Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

### Check one of the following categories:

- I am the decedent's lawful Next-of-Kin
- I am the investigating officer
- I am requesting the information pursuant to the Open Records Act
- Other \_\_\_\_\_

Requestor's Printed Name: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone Contact Number: \_\_\_\_\_

**Note: Completed reports will be mailed within 3 to 5 business days upon receipt of requests. Incomplete reports will be mailed as they become available.**