



REQUEST FOR AUTOPSY/EXTERNAL EXAM REPORT

Fulton County: Medical Examiner
430 Pryor Street SW
Atlanta, Georgia 30312
Office: 404-613-4400
Fax: 404-612-2463
FCMEInformationRequest@fultoncountyga.gov

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 information pursuant to the Open Records Act.

Requester's Printed Name: _____

Requestor's Signature: _____

Agency (if applicable): _____

Address: _____

City, State, Zip: _____

Telephone Contact Number: _____

Email Address: _____

How would you like to receive: (please check)

Pickup

Mail

Email

Note

*****Photos cannot be emailed, they must be mailed or picked up.

*****Completed reports will be mailed, pickup, or emailed within 3 to 5 business days upon receipt of requests. Incomplete reports will be mailed, pickup, or emailed as they become available.