



Office of State Medical Examiners

48 Orms Street
Providence, RI 02904-2222

401.222.5500
401.222.5505 fax
TTY: 711

www.health.ri.gov

REQUEST FOR AUTOPSY REPORT

Autopsy reports may be requested by immediate next-of-kin. All requests must be notarized and mailed to the Office of State Medical Examiner’s Office at the above address. Faxed, e-mailed or copied requests will not be accepted. Autopsy reports will be mailed to the address provided below. Autopsy Reports may also be requested in person by appointment only.

I, _____ (print your name), am the _____ (relationship to decedent), and therefore legal next-of-kin of _____ (decedent). This decedent was born on ___/___/___ and passed away on ___/___/___. I hereby request a copy of the autopsy report from the Rhode Island Office of State Medical Examiners.

I have enclosed a check or money order in the amount of \$40.00 payable to the RI General Treasurer, and a legible copy of a valid government-issued photo ID along with this request.

Signed: _____ **Date:** ___/___/___

Please send these reports to: (if not requested in person)

Name: _____

Street: _____

City: _____ State: _____ ZIP: _____ Phone: _____

Notary use only below this line

STATE OF _____

COUNTY OF _____

Sworn to me on this _____ day of _____, in the year 20 _____

Notary Public Printed Name: _____

My Commission Expires: ___/___/___

