



Rhode Island Department of Health
Office of State Medical Examiner
48 Orms Street
Providence, RI 02904
Tel: 222-5500 Fax: 222-5505
www.health.ri.gov

REQUEST FOR AUTOPSY REPORT

I, _____ (Your name), being the legal next-of-kin of _____ (Decedent's name), who passed away on _____ (Date of death), do hereby request a copy of the autopsy report.

Please forward a copy of the report to:

Street address: _____

City: _____

State: _____

Zip code: _____

Home Phone: _____ Cell phone: _____

I have enclosed a check payable to the Rhode Island General Treasurer for the amount of \$40.00, to cover the fee of the autopsy report.

Signed: _____ Date: _____