



Rhode Island Department of Health  
Office of State Medical Examiner  
48 Orms Street  
Providence, RI 02908-5094  
Tel: 222-5500 Fax: 222-5505  
www.health.ri.gov

## REQUEST FOR AUTOPSY REPORT

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I, \_\_\_\_\_, being the legal next-of-kin of,  
(print your name)

\_\_\_\_\_, who passed away on \_\_\_\_\_, do  
(decedent's name)

hereby request a copy of the autopsy report. Please forward a copy of the report to:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street address) (city) (state) (zip)

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: \_\_\_\_\_