## Monroe County Office of the Medical Examiner Rochester, New York

## Authorization for Release of Medical Examiner Reports

Instructions: Complete this authorization if you are the next-of-kin and seek reports held by the Medical Examiner's Office. Prior to submitting any request, contact the Medical Examiner's Office at (585) 753-5916 to obtain specific information concerning report availability and associated fees. Fees must be paid using check or money order payable to Monroe County. Do not send cash. The form must be properly notarized prior to submission. Please be sure to include recipient information at the bottom of this form. The mailing address for the office is: Monroe County Office of the Medical Examiner, 740 East Henrietta Road, Rochester NY 14623 County of Monroe State of New York \_\_\_\_\_, being duly sworn do hereby affirm that I am the Ι, \_ (name of person making request) \_\_\_\_ of \_\_\_\_\_ (name of deceased) (relationship to deceased) (Date of Birth: Date of Death: and as such and pursuant to New York State County Law Article 17a Section 677-3(b) am entitled to and making application for the post mortem report generated and held by the Monroe County Medical Examiner's Office

during the course of routine business.

I understand that it is a criminal offense to make false representations and/or statements relative to this release. I further understand that no items will be released until the report has been declared Final and payment of \$40.00 USD has been received by the Medical Examiner's Office. This form is subject to review prior to any release.

Signature of Applicant	Date	Please indicate name and address/phone of recipient:
Subscribed and sworn be day of		Name:Address:
by(applicant's name	•)	City/State: Zip Code: Telephone:
Notary Public		

<notary seal>