



Office of the Medical Examiner and Trauma Services

5301 S.W. 31 Avenue • Fort Lauderdale, Florida 33312 • 954-357-5200 • FAX 954-327-6580

AUTOPSY REPORT REQUEST FORM

I request a copy of the final autopsy report of the below named individual. To enable the Office of the Medical Examiner to process your request promptly, please provide the following information:

Name of Deceased: _____ **Date of Birth:** _____

M.E. Case # (if known): _____ **Date Requested:** _____ **Date of Death:** _____

Requestor's Name: _____ **Email Address:** _____

Requestor's Affiliation: Family ____ Law Enforcement ____ Attorney ____ Other _____

The Office of the Medical Examiner prefers to send the autopsy report to the requestor via email. If the requestor does not wish to provide an email address, the Office of the Medical Examiner will mail the report instead.

Only complete this section if requesting the records to be mailed.

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Other information:** _____

You may email the request to OMETSPRR@broward.org; fax the request to (954) 327-6580; or mail the request to 5301 S.W. 31 Avenue, Fort Lauderdale, Florida 33312

Under Florida law, most autopsy reports are public record once signed by the medical examiner and the case is no longer an active criminal investigation.

CONFIDENTIAL AND EXEMPT RECORDS RELEASE

Only complete this section if requesting a confidential and exempt record.

Under Florida law, autopsy reports of minor victims of domestic violence and a person whose manner of death was suicide are confidential and exempt from public records. Only certain individuals may view and copy such reports.

I, _____, certify that I am authorized to receive the autopsy report of the above-named decedent pursuant to 406.135(2)(b) or (c), Florida Statutes as the

(indicate relationship or entity)

Signature: _____ **Date:** _____