



Office of the Medical Examiner and Trauma Services
5301 S.W. 31 Avenue • Fort Lauderdale, Florida 33312 • 954-357-5200 • FAX 954-327-6580

MEDICAL EXAMINERS REPORT REQUEST FORM

Under Florida Statute, medical examiner reports are public record, once signed by the medical examiner and the case is no longer under an ongoing criminal investigation by law enforcement or the state attorney's office. Individuals requesting reports are asked to provide the following information, to process the request in a timely manner:

NAME OF DECEASED: _____

DATE OF DEATH: _____

REQUESTOR'S NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER (optional): _____

ASSOCIATION OF REQUESTING PARTY (family, police, etc.): _____

OTHER INFORMATION: _____

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

DATE OF REQUEST: _____ **DATE SENT (method):** _____