

State of Alaska

Office of the State Medical Examiner

Request for documents

Name of Decedent: _____ Date of Birth: _____ Date of Death _____ SME Case #: _____

Please provide a copy of the following documents for the above named decedent (check all that apply):

Final Report

Toxicology Report

Other (Specify) _____

I realize the report may be part of a criminal investigation and could be withheld until such release would not jeopardize any ongoing prosecution or investigation (AS 12.65.020b) (AS 40.25). In the event the report is withheld, I understand this request will be placed in the pending file and released when all pending criminal litigation and investigation have been completed.

Name of individual requesting report: _____

Relationship to deceased: _____

Signature: _____ Date: _____

Name of individual receiving report (if different from requestor): _____

Address: _____

Contact #: _____ fax#: _____ Email: _____

(fax # or email address required only if you would prefer documents returned via fax or email)

Completed forms can be faxed, mailed or dropped off in person along with a copy of identification at:

The Office of the State Medical Examiner

5455 Dr Martin Luther King Jr Ave; Anchorage, AK 99507

Fax: (907) 334-2216

Internal Use Only

Date Received: _____ Entered by: _____