



# Spokane County

WASHINGTON

## OFFICE OF THE MEDICAL EXAMINER

CHIEF MEDICAL EXAMINER  
VEENA D. SINGH, MD  
FORENSIC PATHOLOGIST

DEPUTY MEDICAL EXAMINER  
SEAN RICCIARDO, MD  
FORENSIC PATHOLOGIST

DEPUTY MEDICAL EXAMINER  
MAKINZIE MOTT, MD  
FORENSIC PATHOLOGIST

### REQUEST FOR AUTOPSY/TOXICOLOGY RECORDS

**Date of Request:**

**Legal/full name of decedent:**

**Decedent's date of birth:**

**Name of person making request:**

**Contact phone number and/or e-mail address:**

**This request is for:**

**Fee:**

**Copy of Autopsy and Toxicology Report..... \$ 20.00**

I understand that the **copy fee, payable by cash, check or money order** (made out to Spokane County Medical Examiner's Office or SCMEO) must be pre-paid before my request is processed, and **I have included the full amount and a copy of my picture ID with my request.**

I understand that the autopsy report is not releasable under Washington State Public Records Law and that it is not to be released to the general public.

I am confirming that I am legally entitled to a copy of the autopsy report under WA RCW 68.50.105 because I am the:

**Check Relation:**

- |  |  |
|--|--|
| <input type="checkbox"/> Surviving spouse  | <input type="checkbox"/> Sibling                                       |
| <input type="checkbox"/> Child   | <input type="checkbox"/> Grandchild                                    |
| <input type="checkbox"/> Parent  | <input type="checkbox"/> Grandparent                                   |
| <input type="checkbox"/> Washington State registered domestic partner            | <input type="checkbox"/> Guardian of the decedent at the time of death |
| <input type="checkbox"/> Court Appointed Personal Representative of the Decedent |  |

**Release of Records:**

Please mail the records to me at (physical mailing address):

\_\_\_\_\_

Please email the records to me at:

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please mail this form to our office along with payment and a copy of your photo ID (please note: our office is by appointment only)**

Website: <https://www.spokanecounty.org/807/Medical-Examiner>

Mailing address

102 S. Spokane Street Spokane, WA 99202 PH: (509) 477-2296 FAX: (509) 455-3954