



dr.hall.autosypc@gmail.com  
www.autosypc.com

Phone: 828-262-5569  
Fax: 828-297-1950

5525 Meat Camp Rd.  
Todd, NC 28684

Date: \_\_\_\_\_

### REQUEST TO RECIEVE COPY OF AUTOPSY REPORT

Name of deceased \_\_\_\_\_

Date of birth \_\_\_\_\_

Name of person requesting report \_\_\_\_\_

Physical address \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

I allow the above named to receive a copy of the autopsy report.

Name of Person originally authorizing autopsy \_\_\_\_\_

Signature of person originally authorizing autopsy \_\_\_\_\_