



Midwest Medical Examiner's Office
14341 Rhinestone St. NW.
Ramsey, MN 55303
(763) 324-4400
(763) 324-1042 FAX
Email: MMEO@co.anoka.mn.us

Request for Autopsy Report

Today's Date: _____

Decedent's Name _____

Date of Death: _____ County of Death: _____

I am requesting a copy of the autopsy report regarding the decedent named above.

My relationship to the decedent is: _____
(specify relationship)

_____ I would like to pick up the report at the Midwest Medical Examiner's Office
-OR-

_____ I would like the report mailed to me at the address below (\$25.00 charge)

Send report to: _____
(Name)

(street address)

(City, State, Zip)

Telephone contact number: _____ Ok to leave a message? Y or N

Payment information:

_____ I have enclosed a check payable to "Midwest Medical Examiner"
-OR-

_____ I will contact the Midwest Medical Examiner's office and provide my credit card information. I do understand that my credit card will not be charged until the time the report is ready to be sent or picked up.

****For all requests: Please print this form, make sure it is completely filled out, and mail, fax, or email to our office. If you are paying by check you can mail it with your form; if you are using a credit card to pay for the report you can call us anytime during business hours to provide payment information.**

Requestor's Printed Name : _____

Requestor's Signature: _____

Please note: Requests will be processed and the reports should be available for pick up or mailing within 5 business days. If you are coming into the office to pick up your copies please call in advance to make sure they are ready for pick-up. ***If there is an ongoing investigation on the case we will not be able to release the report until the investigation is complete.