**IOWA OFFICE OF THE STATE MEDICAL EXAMINER**

2250 South Ankeny Blvd. ⯁ Ankeny, IA 50023-9093

**LAW ENFORCEMENT REQUEST FOR AUTOPSY REPORT**

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| ***NOTE: If “Enable Editing” notification is showing above, click button in order to type on this document.******TO NAVIGATE ON-SCREEN: Press TAB to move to next field; Shift+TAB to move to previous field.*** |
| Name of Decedent |       |
| Date of Death |       |  |
|  | (MM/DD/YYYY) |  |
| Date of Birth |       |  |
|  | (MM/DD/YYYY) |  |
| **Send Report To: (For privacy, reports cannot be faxed or e-mailed)** |
| Name |       |
| Agency |       |
| Address |       |
|  |       |
| City/State/Zip |       |
| Phone (Required) |       | Ext. |       |  |
|  | *(Please include area code)* |  |