**IOWA OFFICE OF THE STATE MEDICAL EXAMINER**

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

**LAW ENFORCEMENT REQUEST FOR AUTOPSY REPORT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***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)* |  | | |