



# IOWA OFFICE OF THE STATE MEDICAL EXAMINER

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

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## LAW ENFORCEMENT REQUEST FOR AUTOPSY REPORT

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)

### Please mail, email, or fax this form to:

Iowa Office of the State Medical Examiner  
2250 South Ankeny Blvd.  
Ankeny, IA 50023-9093

Email: [iosme@hhs.iowa.gov](mailto:iosme@hhs.iowa.gov)

Fax: 515-725-1414