



IOWA OFFICE OF THE STATE MEDICAL EXAMINER

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

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 or fax this form to:

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

Fax: 515-725-1414