



Release TO: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____

Decedent Identification(if known):

Printed Name: _____ Date of Birth: _____
Other Name(s) Used: _____
Last Address: _____
City: _____ State: _____ Zip: _____
Last 4 Digits of Social Security #: _____

Purpose of Request (Must check one):

[] General Inquiry [] Sunshine Request [] Media Coverage
[] Other, (specify): _____

I Request the Records be Provided:

[] Paper (hard copy) [] Electronically via email*
Email Address: _____

* Emailed records are subject to encryption.

Information to be Released:

[] Case Number: _____ or [] From (date): _____ To (date): _____
[] Case Report [] Coroner Report
[] Other: _____

Description of Other Request (Attach additional pages if needed)

Signature of individual making the request Date Time

OFFICE USE ONLY

Verified by: _____
Identity of Requestor Verified via: [] Photo ID [] Other, specify: _____

Requests without proper identification will not be fulfilled