

STATE OF NEW HAMPSHIRE
OFFICE OF THE CHIEF MEDICAL EXAMINER
246 Pleasant Street, Suite 218, Concord, New Hampshire 03301
PHONE: (603) 271-1235 – FAX: (603) 271-6308

Report Request Form

I, _____, am the _____ of _____,
Your name Relationship Name of decedent
who was born on _____ and passed away on _____.
Date of birth Date of death

I am requesting the:

- Autopsy Report
- Investigation report
- Toxicology report
- Driver's license or state ID, if available

Please mail reports to: _____
Address

My email address is: _____

My phone number is: _____

I certify that I am the surviving legal Next of Kin*.

Signature Date

* Legal Next of Kin in order of priority is defined as: 1) spouse, 2) adult child, 3) parent, 4) adult sibling (NH RSA 290:16 IV). Reports may only be released by authorization of the legal Next of Kin.

Please include a copy of your driver's license or other picture identification card and any Probate Court documents. Request forms may be mailed or faxed to the office. Once the case is finalized, all requested reports will be mailed to the requestor via USPS.