



CHAUTAUQUA COUNTY
DEPARTMENT OF HEALTH AND HUMAN SERVICES - Coroner Division

PAUL M. WENDEL, JR.
County Executive

CHRISTINE SCHUYLER
Director of Health and Human Services
(Commissioner of Social Services/Public Health Director)

REQUEST FOR AUTOPSY REPORT

Name of Deceased: _____

Date of Death: _____

Address of Deceased: _____

Requester Name: _____

Requester Organization: _____

Requester Address: _____

Phone Number: _____

Relationship to Deceased: _____

UNDER THE PENALTIES OF PERJURY, I HEREBY SUBMIT THE ABOVE INFORMATION.

Signature of Requester

Print Name

Sworn before me this _____

day of _____, 20____

Notary Public