

# Medical Examiner Data Request Form

## Requesting Data

Medical Examiner data is available upon request with the appropriate permission as directed in *Minnesota Statute 13.83*. Although requests can be submitted via mail, phone or fax, email is the preferred and most expedient method. Submit requests via email to ***ME.Inforequest@hennepin.us***.

## Fees

Standard Medical Examiner reports are available for a flat fixed fee. Requests for other data not available in standard reports are subject to additional fees.

Date of request: \_\_\_\_\_

## Authority to Obtain

Indicate your statutory permission to obtain Medical Examiner Data. Verification of statutory permission shall be submitted to the Medical Examiner when directed.

- I am requesting public data
- I represent the agency charged by law with investigating the death
- I have a Court Order for the requested data (*submit verification*)
- I am the decedent's primary care physician
- I am the legal representative of the decedent's estate (*submit verification*)
- I am the spouse, parent, child or sibling of the deceased
- I am the legal representative of the spouse, parent, child or sibling of the deceased (*submit verification*)

## Data Request Description

Describe the data you are requesting as specifically as possible. (*use the back for additional space*)

### Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

You are not required to provide any contact information. However, the Medical Examiner cannot process incomplete requests and if we are unable to process the request as submitted, it may be delayed. Completed requests will be mailed or emailed (if supplied) to the address provided, unless otherwise specified.

**We will respond to your request within 10 business days.**