



Hennepin County Medical Examiner

Serving Hennepin, Dakota & Scott Counties

530 Chicago Avenue, Minneapolis, MN 55415
(612) 215-6300



REQUEST FOR AUTOPSY REPORT

(for use by family members only)

Today's Date: _____

Decedent's Name: _____ DOB: _____

Date of Death: _____ County of Death _____

Please check all that apply:

- I am the decedent's legal next of kin (_____)
(specify relationship)
 - I am not the legal next of kin, but am an immediate family member (_____)
(specify relationship)
 - I would like the report mailed to me (see address below).
- OR**
- I would like to pick up the report at the Hennepin County Medical Examiner's Office.*
 - I have enclosed a check for \$25.00, made payable to "Hennepin County Medical Examiner".

Requestor's Printed Name: _____

Requestor's Signature: _____

Send report to: _____
(street address)

(city) (state) (zip)

Telephone contact number(s): (H) _____ (C) _____ (W) _____

NOTE: Completed reports will be mailed within 3 to 5 business days following receipt of request and payment. If the report is incomplete at the time the request is received, receipt for payment will be mailed within 3 to 5 days, and the report will be mailed as soon as it is available.

Please print this form and mail it along with your payment to:

Hennepin County Medical Examiner, 530 Chicago Avenue, Minneapolis, MN 55415

***NOTE:** Please call the Medical Examiner's Office before picking up the report to ensure that it is available.