



County of Santa Cruz

Sheriff-Coroner

5200 Soquel Ave. Santa Cruz, CA 95062
(831) 454-7600 FAX: (831) 454-7604

AUTOPSY REPORT REQUEST

I (person requesting the report) phone number _____ - _____

Would like to request the autopsy report for (decedent) _____ Date of Birth _____

I am the (relationship to decedent) _____ of the decedent. Please send the report to the following address:

You will be notified when the report is available for pickup. The fee for the report is \$35. Please make check payable to **Santa Cruz County Sheriff**. Paid _____

Signature of requestor

Date

Person approving request

Date