



**MARICOPA COUNTY  
OFFICE OF THE MEDICAL EXAMINER**

701 W. Jefferson St., Phoenix, AZ 85007  
Telephone: (602) 506-3322 | Fax: (602) 506-1546

**Request for Release of Public Records for Non-Commercial Purposes**

Date: \_\_\_\_\_ Decedent: \_\_\_\_\_  
Requestor: \_\_\_\_\_ OME Case #: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
City: \_\_\_\_\_ Relation to decedent: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Requestor's Phone #: \_\_\_\_\_

**MEDICAL EXAMINER REPORTS**

The Maricopa County Office of the Medical Examiner prepares different types of reports during a death investigation. These reports are: The Medical Examiner report, the Toxicology report, and various others including, but not limited to, Anthropology reports, Neuropathology reports, and Odontology reports. Please be advised that not all of these reports will be completed on every case.

The time required for the completion of reports will vary depending on the complexity, circumstances and level of additional testing or investigation required for each individual case. Copies of report(s) are available by mail, once the report(s) pertaining to the case have been completed. We realize that families, friends, investigating agencies, and others desire timely closure of our cases and receipt of our reports. Accordingly, we strive to close each and every case as soon as possible, while keeping in mind the importance of a thorough and complete death investigation and certification.

**COPY REQUESTS and CHARGES**

Copies of reports are available to the public following the final completion of the case. If you are the Next of Kin, there is no fee to obtain a copy of the report. A fee will apply to the Next of Kin only if more than one copy is requested. If you wish to obtain more than one copy, please enclose \$5.00 for each additional copy you wish to receive.

If you are NOT the Next of Kin, as stated above, there is a \$5.00 charge for each copy of the report(s) you are requesting.

To request copies, please return this completed release form, a self-addressed envelope, and a \$5.00 cashier's check, money order or business check (if applicable) payable to: "Maricopa County Office of the Medical Examiner". Personal checks will not be accepted.

**Statement of Non-Commercial Purpose**

I hereby agree that the public records I have requested are not for a commercial purpose as defined by **A.R.S. § 39-121.03**, and will not be resold to any person at a cost based upon the value of the information contained in the public records.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**