



Autopsy Report Request Form

Instructions for receiving an autopsy report:

- Only the person who gave permission for the autopsy may receive a copy of the autopsy report.
- Complete this form and have it notarized.
- Mail the notarized request to the Autopsy Service at the following address:

**Autopsy and Morgue Services
Department of Pathology
Yale School of Medicine
P.O. Box 208023
New Haven, CT 06520-8023**

I, _____, having previously consented for a postmortem exam on the remains of _____ (date of birth _____), hereby request a copy of the autopsy report. I understand the report contains medical terminology that would be best explained by a family physician or doctor of my choosing, and that the report may contain potentially graphic photos. Please send the report to the following address:

Name

Street

City, State, Zip Code

Telephone Number

Signature of Consenter

Date

Notary Public Signature

Stamp, Seal, or Printed Name of Notary Public