

## Autopsy Report Request

To the Department of the Medical Examiner – City & County of Honolulu:

I hereby request a copy of the autopsy report for \_\_\_\_\_  
who died in Honolulu County on \_\_\_\_\_ under circumstances that are  
being investigated by the Department of the Medical Examiner.

My payment of \$ \_\_\_\_\_, the cost per report, is enclosed.

Please mail the autopsy report to:

Name \_\_\_\_\_

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Enclosure

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For Office Use Only:

Receipt No. \_\_\_\_\_

Amount \_\_\_\_\_

Date \_\_\_\_\_