



**OFFICE OF THE CHIEF MEDICAL EXAMINER  
TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT**

**200 Feliks Gwozdz Place  
Fort Worth, Texas 76104-4919  
Phone: 817-920-5700 Fax: 817-920-5713**

Date: \_\_\_\_\_

**REQUEST FOR COPY OF AUTOPSY REPORT**

I hereby request a copy of the autopsy report of decedent:

\_\_\_\_\_

Tarrant County Medical Examiner District's Case Number: \_\_\_\_\_

Date of death: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to deceased

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone

( ) I will pick up report in person, or ( ) please mail report to me.