

1600 Prospect Park Way, Suite 101 • Fort Collins, CO 80525 **Phone:** 970-498-6161 • **Fax:** 970-498-6170 *larimercoroner@larimer.org*



| FOR OFFICE USE ONLY: |
|----------------------|
| CASE# |
| AUTOPSY # |

AUTOPSY REPORT REQUEST FORM

| Autopsies are performed at the discretion of the Larimer County Coroner. Autopsies can take 12 weeks or longer to |
|--|
| complete depending upon the nature of the case and any additional testing that may be performed. If you are |
| requesting an autopsy report, please complete the form below and submit it to our office via mail, email, or fax. If |
| you request a printed copy, there is a fee of \$2.00 for each standard report. Cash, check, or credit card are |
| accepted. Fees may be mailed or dropped off at the office, while credit card payments may be made under "Make |
| Online CORA Payment" on our website. If you request the report to be sent via email, a digital copy of the report |
| will be sent free of charge. The decedent's immediate family may receive a printed or digital copy at no cost. Upon |
| receipt of the Request Form and fees, and completion of the autopsy report requested we will send the report to |
| you by the method you indicated below. |

| DECEDENT'S NAME: | |
|---------------------------|---------------------------------|
| DATE OF DEATH: | _ RELATIONSHIP TO THE DECEASED: |
| REQUESTOR'S FULL NAME: | |
| REQUESTOR'S ADDRESS: | |
| REQUESTOR'S PHONE NUMBER: | |
| SIGNATURE: | DATE: |

I would like the Autopsy Report to be sent to me via:

| EMAIL | EMAIL ADDRESS: |
|-------|----------------|
| MAIL | |
| FAX | FAX #: |