

Stephen Hanks, Coroner Office of the Larimer County Coroner / Medical Examiner

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	FOR OFFICE USE ONLY:
	CASE#
	AUTOPSY#
<u>AUTOPSY R</u>	REPORT REQUEST FORM
Autopsies are performed at the discretion of the	e Larimer County Coroner/ Medical Examiner. Autopsies can
take 6 weeks or longer to complete. If you are r	equesting an autopsy report, please complete the form below
and submit it to our office. There is a fee of \$2.0	00 for each standard report, only cash and check are accepted
Please print legibly. You may print and mail, em	ail, or fax the form to our office, along with the fee. Upon
receipt of the Request Form and fees, and comp	pletion of the autopsy report requested, we will send the
report to you by the method you indicated belo	ow.
DECEDENT'S NAME:	
DATE OF DEATH: RELAT	IONSHIP 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	e via:
EMAIL EMAIL ADDRESS:	
MAIL	
☐ FAX FAX #:	