



Office of State Medical Examiners

900 Highland Corporate Dr.  
Building 3  
Cumberland, RI 02864

401.222.5500  
TTY: 711  
[www.health.ri.gov](http://www.health.ri.gov)

## REQUEST FOR POSTMORTEM REPORT

Postmortem reports may be requested by immediate next-of-kin. All requests must be notarized and mailed to the Office of State Medical Examiner's Office at the above address. Faxed, e-mailed or copied requests will not be accepted. Postmortem reports will be mailed to the address provided below. Postmortem Reports may also be requested in person by appointment only.

I, \_\_\_\_\_ (print your name), am the \_\_\_\_\_ (relationship to decedent), and therefore legal next-of-kin of \_\_\_\_\_ (decedent). This decedent was born on \_\_\_/\_\_\_/\_\_\_ and passed away on \_\_\_/\_\_\_/\_\_\_ . I hereby request a copy of the autopsy report from the Rhode Island Office of State Medical Examiners.

**I have enclosed a check or money order in the amount of \$40.00 payable to the RI General Treasurer, and a legible copy of a valid government-issued photo ID along with this request.**

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Please send these reports to: (if not requested in person)

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

### Notary use only below this line

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, in the year 20 \_\_\_\_

Notary Public Printed Name: \_\_\_\_\_

My Commission Expires: \_\_\_/\_\_\_/\_\_\_

