



OPEN RECORDS REQUEST

FAX TO: 414-223-1237

MAIL TO:
ATTN: RECORDS
933 W. HIGHLAND AVENUE
MILWAUKEE, WI 53233

Please fill out completely and print.

Name of Deceased: _____

Date of Birth: _____

Date of Death: _____

REPORTS REQUESTED:

Investigator's Report _____

Autopsy Protocol _____

Toxicology Report _____

Other (Please List) _____

RECORDS REQUESTED BY:

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Relationship to Deceased: _____

REPORTS TO BE:

Mailed: Picked Up:

NOTE:

There is a fee of \$0.50/page and \$5.00 shipping and handling charge (certain exclusions may apply).