



1832 Flower Street
Bakersfield, California 93305

CORONER'S REPORT REQUEST FORM

Date: _____ Case #: _____

Name of Decedent: _____ D.O.D.: _____

Requested by:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Reason for the Request: _____

Law Enforcement Issue: Yes _____ No _____ Badge #: _____

Reports Requested: (Coroner, Autopsy & Toxicology) _____

COMMENTS: _____

Below section to be completed by Coroner staff.

Paid by: **Cash** _____ **Check:** _____ **Receipt No.:** _____ **Date Received:** _____

Received By: _____ Date Received: _____

Report Request Processed By: _____ Date Reports mailed: _____

Date Report Ready for Pick Up: _____ Date Reports Picked-up: _____

Received By: _____ Signature: _____

(Print Name)