



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: \_\_\_\_\_

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Below section to be completed by Coroner staff.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Fees Paid: \_\_\_\_\_

Cash \_\_\_ Check: \_\_\_ Receipt No.: \_\_\_ Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_ Releasable: Y / N Reason: \_\_\_\_\_

Date Mailed: \_\_\_\_\_ Date reports ready for pick up: \_\_\_\_\_

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Released By: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Agency: \_\_\_\_\_

(Print Name)

Signature: \_\_\_\_\_