

## **County of Santa Cruz**

## **Sheriff-Coroner**

5200 Soquel Avenue, Santa Cruz, CA 95062 (831) 454-7600 Fax (831) 454-7604

**Chris Clark Sheriff- Coroner** 

## **AUTOPSY AND TOXICOLOGY REPORT REQUEST**

DECEDENT INFOR	<u>MATION</u>			
DECEDENT NAME: _				
DECEDENT DATE OF	BIRTH:		CASE NUMBER:	
REQUESTOR INFO	RMATION			
NAME:				
EMAIL:				
MAILING ADDRESS:				
CITY:	STATE:	ZIP CODE:	PHONE NUMBER:_	
RELATIONSHIP TO T	HE DECEDENT	·:		
Note: we do NOT accept Records by phone (831)4	** Make check out of state perso 154-7600 or email	s payable to Sant anal checks or cash pa SHFRecords@santa	a Cruz County Sheriff *** ayment via mail, for an online p cruzcounty.us	
	Cash (		nt will be made once repo  Order/Cashier's Check _	
		be notified once	reports are ready: Ca	all Mail
Reports will be sent out of mailed out. If no payment			nent has been received beforeh d via phone call or email.	and, the reports will be
Date:Req	uestor Signatu	re:		
Please email comple	eted forms to S	HFRecords@san	tacruzcounty.us or mail to	):
SCSO Records 5200 Soquel Ave Santa Cruz, CA 9500	62			
	F	OR OFFICE US	SE ONLY	
APPROVAL SIGNATI	IRF:		ID NUMBER:	DATE:

PAYMENT RECEIVED: Cash \_\_ Check \_\_ Money Order/Cashier's Check \_\_ Credit Card \_\_ Check/Receipt #: