IMPERIAL COUNTY CORONER'S OFFICE
DOCUMENT REQUEST

Date of Request:

Decedent's Name:

Case Number or Date of Death:

Requestor's Name:

Address:

Phone Number

Relation to Decedent:

Number of Copies Requested:

Documents Requested:

- ☐ Investigator's Report ($40.00)
- ☐ Autopsy Protocol ($25.00)
- ☐ Toxicology Report ($25.00)
- ☐ Other:

Delivery Method:

- ☐ Mail
- ☐ Call for Pick Up
- ☐ Fax#:
- ☐ E-Mail:

Photographs:

- ☐ CD-R / DVD-R

*Photographs are ONLY released with Court Order signed by a Judge. FEE: $6.00 PER PHOTOGRAPH

CORONER STAFF USE ONLY

- ☐ Paid -- Total: $_____
- ☐ Next of Kin (ONLY ONE free copy)

Delivery Date:_____ By:_____