



Office of the Coroner of Bartholomew County

REQUEST FOR AUTOPSY/TOXICOLOGY REPORT

Indiana Code 36-2-14-18

(c) Notwithstanding any other provision of this section, a coroner shall make available a full copy of an autopsy report, other than a photograph, a video recording, or an audio recording of the autopsy, upon the written request of a parent of the decedent, an adult child of the decedent, a next of kin of the decedent, or an insurance company investigating a claim arising from the death of the individual upon whom the autopsy was performed. A parent of the decedent, an adult child of the decedent, a next of kin of the decedent, and an insurance company are prohibited from publicly disclosing any information contained in the report beyond that information that may otherwise be disclosed by a coroner under this section. This prohibition does not apply to information disclosed in communications in conjunction with the investigation, settlement, or payment of the claim.

To the Bartholomew County Coroner:

I am requesting a copy of an autopsy/toxicology report on _____,
whose death was investigated by your office.

I am:

- ___ A parent of the decedent
- ___ Next of kin of the decedent (specify relationship: _____)
- ___ Representative of insurance company investigating claim arising from the death of this individual.

I have read Indiana Code 36-2-14-18, and I understand that it prohibits me from publicly disclosing any information contained in the reports beyond that information that may otherwise be disclosed by a coroner. (This information is contained on the Coroner's Verdict).

Address to which report(s) are to be mailed (please print):

_____, _____, _____, _____
Street Address City State ZIP

Name (please print)

Company (if applicable)

Signature

Date