



## Saginaw County Office of Medical Examiner

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Russell L. Bush, MD, MPH

Chief Medical Examiner



## RELEASE OF MEDICAL EXAMINER INFORMATION\*

I, \_\_\_\_\_, as legal next of kin, give my permission to the Saginaw Office of Medical Examiner to release the following documents/records:

- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| 1. Autopsy Report    | YES <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Toxicology Report | YES <input type="checkbox"/> | No <input type="checkbox"/> |

### DECEDENT IDENTITY:

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### FOR WHAT PURPOSE (Check all that Apply):

- |                     |                              |                             |
|---------------------|------------------------------|-----------------------------|
| 1. Insurance        | YES <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Legal (Attorney) | YES <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Physician        | YES <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Self             | YES <input type="checkbox"/> | No <input type="checkbox"/> |

☐ I realize that the **ONLY** records that will be released are those **ORIGINATING** in the Medical Examiner's Office. Those produced by other medical, law enforcement, emergency services, and other organizations that we may have copied records for our internal investigation will not be included. Those records will need to be acquired from their original source.

Relationship: ☐ Spouse ☐ Child (over 18 y/o) ☐ Parent ☐ Grandparent ☐ Sibling ☐ POA

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

Printed Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\*When requesting records, the following are required:

Copy of photo Identification and current contact information including full name, working phone number, and original signature on the written request.