



REQUEST FOR RECORDS

Date: _____	Time Faxed: _____	Needed By: _____
To: _____		Fax #: _____
Re: _____		Date of Birth: _____
Social Security Number: _____		Date of Death: _____
Coroner Case Number: _____		Time of Death: _____

To Whom It May Concern:

The Office of the Denver Medical Examiner is reviewing the death of the above named individual. This office is responsible for determining the cause and manner of death. A review of records maintained by your agency is a necessary and material part of our investigation and will assist in the accurate and timely determination of the cause and manner of death.

Therefore, please fax the following requested records Pursuant to Section 1. §30-10-606(6), Colorado Revised Statutes and 45-CFR Sec. 164-512, to (720) 337-7609. Thank you for your assistance.

OTHER:

Coroner
