



OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF TENNESSEE  
DEPARTMENT OF HEALTH

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WILLIAM L. JENKINS FORENSIC CENTER • Box 70431 • JOHNSON CITY, TN 37614  
OFFICE (423) 439-8403 • FAX (423) 439-8810 • HEALTH.OCME@TN.GOV

AUTOPSY REPORT REQUEST

TO OBTAIN A COPY OF THE AUTOPSY REPORT, PLEASE SEND THE FOLLOWING INFORMATION TO:  
OFFICE OF THE CHIEF MEDICAL EXAMINER, Box 70431, JOHNSON CITY, TN 37614-1704

NAME OF DECEASED: \_\_\_\_\_

COUNTY OF DEATH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

PLEASE MAIL A COPY OF THE REPORT TO:

(MAILING ADDRESS/PRINT CLEARLY):

\_\_\_\_\_  
PRINTED NAME OF REQUESTOR

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
RELATIONSHIP TO DECEASED

\_\_\_\_\_  
PHONE NUMBER

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PLEASE NOTE:

COPIES OF AUTOPSY REPORTS MAY BE OBTAINED FOR \$25.00 EACH WITH CHECK OR MONEY ORDER.

PAYABLE TO: STATE OF TENNESSEE, DEPARTMENT OF HEALTH.

\*\*\* GOVERNMENT AGENCIES AND NOT-FOR-PROFIT ORGANIZATIONS ARE NOT REQUIRED TO SUBMIT A FEE. \*\*\*

THE REQUESTOR NEEDS TO SEND PAYMENT AND A WRITTEN REQUEST TO:

OFFICE OF THE CHIEF MEDICAL EXAMINER  
C/O MARGARET HYDER  
STATE OF TENNESSEE DEPARTMENT OF HEALTH  
WILLIAM L. JENKINS FORENSIC CENTER  
P.O. Box 70431  
JOHNSON CITY, TN 37614-1704  
OFFICE: (423) 439-8403 FAX: (423) 439-8810 EMAIL: HEALTH.OCME@TN.GOV