

Dauphin County Coroner's Office
Report Request

Name of Requestor: _____

Address of Requestor: _____

Phone Number of Requestor: _____

Name of Deceased: _____

Date of Death: _____

Requestor's Relationship to Deceased: _____

Type of Report Requested (cost): *[Please check the appropriate line(s)]*

Autopsy Report: (\$500.00) ____

Toxicology Report: (\$100.00) ____

Inquisition or Coroner Report: (\$100.00) ____

Signature of Requestor:

Date Signed:

Please send completed request to Dauphin County Coroner, 1271 S 28th Street Harrisburg, PA 17111. Payment must be made via **money order or check made payable to Dauphin County Treasurer.**

***Please note when the "Report Request" and payment are received by this office, the report(s) will be mailed to the above listed address. Should your address change please inform the Coroners' Office immediately.

Any questions please contact the Coroners' Office at (717) 564-4567