

Dauphin County Coroner's Office
Attorney Photography Request

Name of Requestor: _____

Law Firm: _____

Address of Requestor: _____

Phone Number of Requestor: _____

Name of Deceased: _____

Date of Death: _____

Photography Requested (cost): *[Please check the appropriate line(s)]*

(All photographs must be purchased)

Maximum charge for all photographs ordered at any one time (\$3,000.00)

Scene Photographs: (\$20.00/photograph) ____

Autopsy Photographs: (\$20.00/photograph) ____

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 "Photography Request" and payment are received by this office, the photographs will be mailed to the above listed address. Should your address change please inform the Coroner's Office immediately.

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