

## **County of Santa Cruz**

## **Sheriff-Coroner**

5200 Soquel Avenue, Santa Cruz, CA 95062 (831) 454-7600 Fax (831) 454-7604

Jim Hart Sheriff- Coroner

## **AUTOPSY AND TOXICOLOGY REPORT REQUEST**

DECEDENT INFOR	<u>MATION</u>			
DECEDENT NAME: _				
DECEDENT DATE OF	BIRTH:		_ CASE NUMBER:	
REQUESTOR INFO	RMATION			
NAME:				
MAILING ADDRESS:				
CITY:	STATE:	ZIP CODE:	PHONE NUMBER:	
RELATIONSHIP TO T	HE DECEDENT	:		
AUTOPSY AND TO				
Note: we do NOT accept Records by phone (831)	out of state perso	nal checks or cash pa	TCruz County Sheriff *** yment via mail, for an online truzcounty.us	payment option contact
Payment has be	een made	Paymen	t will be made once rep	orts are complete
Payment Method:	Cash (	Check Money	Order/Cashier's Check	Credit Card
CASE NOTIFICATION Please select how you		be notified once	reports are ready:(	Call Mail
Reports will be sent out of mailed out. If no paymen			ent has been received before I via phone call or email.	hand, the reports will be
Date:Requestor Signature:				
Please email comple	eted forms to S	HFRecords@sant	acruzcounty.us or mail	to:
SCSO Records 5200 Soquel Ave Santa Cruz, CA 950	62			
FOR OFFICE USE ONLY				
APPROVAL SIGNATU	JRE:		ID NUMBER:	DATE:

PAYMENT RECEIVED: Cash \_\_ Check \_\_ Money Order/Cashier's Check \_\_ Credit Card \_\_ Check/Receipt #: \_\_