



The Commonwealth of Massachusetts

Executive Office of Public Safety and Security

Office of the Chief Medical Examiner



Medical Examiner Report Request Form

Pursuant to G.L. c. 38, § 2 and 505 CMR 1, the Office of the Chief Medical Examiner (OCME) may, in its discretion, provide a copy of an autopsy report of a decedent (if available) to the decedent’s surviving spouse or the next closest living relative if there is no legal spouse at the time of death.

In cases of unnatural or suspicious death where the district attorney or his law enforcement representative is directing and controlling the investigation of the death pursuant to G.L. c. 38, § 4, the OCME may release reports only after the district attorney or his law enforcement representative has determined, in his discretion and in writing, that they do not object to the disclosure of the autopsy report to the spouse or next of kin.

To request a copy of an autopsy and/or toxicology report, the legal next of kin should complete this form and email it to cmelegalrequest@mass.gov or mail it to the Office of the Chief Medical Examiner at the following address:

**Office of the Chief Medical Examiner
Attn: Legal Department
720 Albany Street
Boston, MA 02118**

By checking this box, I confirm that I am the legal next of kin authorized to receive OCME reports.

Name of the deceased:

First Name	Middle Initial	Last Name

Date of Death:

____ / ____ / ____ **Date of Birth** ____ / ____ / ____

Name of Requestor:

First Name	Middle Initial	Last Name

Relationship to deceased

Mailing Address

I, _____, state and affirm under the pains and penalties of perjury, that the information include herein is true and accurate.

Signature: _____ **Date:** _____

Check this box to give permission for the OCME to release the report(s) to the following Attorney:

Attorney’s Name:

First Name	Middle Initial	Last Name

Law Firm:

Mailing Address:
