



**The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of the Chief Medical Examiner**



Request for Medical Examiner's Report

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 submit to our office via email, at CMEAdmins1@mass.gov, or by standard US postal service to the following address:

**Office of the Chief Medical Examiner
Attn: OCME Report Request
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** _____
*** If the date of death is prior to 1983, a copy of the death certificate must be included and returned with this form*

Name of Requestor _____
First Name Middle Initial Last Name

Relationship to Deceased _____

Mailing Address _____

Telephone Number _____

Email Address _____

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

Signature: _____ **Date:** _____