

## 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 <a href="mailto:CMEAdmins1@mass.gov">CMEAdmins1@mass.gov</a>, 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

Doston, MI 02110						
By checking this box, I co	onfirm that I a	m the legal 1	next of kin authorized t	to receive OC	ME reports.	
Name of the Deceased			Middle Initial			
	First Name		Middle Initial	Last Name		
Date of Death	/	/	Date of Birth	/	/	
** If the date of death i	s prior to 1983, a cop	by of the death certif	ficate must be included and returned	d with this form	<u> </u>	
Name of Requestor			Middle Initial			
	First Name		Middle Initial	Last Name		
Relationship to Deceased						
•				-		
Mailing Address						
-						
<b>Telephone Number</b>				-		
Email Address						
I,, state and affirm under the pains and penalties of perjury, that the information include herein is true and accurate.						
mior mation metade nerel	i is ti uc allu	accui acc.				
Signature:				Date	2:	