



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



MEDICAL EXAMINER REPORT REQUEST FORM

A COPY OF THE DEATH CERTIFICATE IS REQUIRED FOR DEATHS PRIOR TO 2014

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 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.
(You must check the checkbox)**

Name of the Deceased

Date of Death

Date of Birth

Name of Requester

Relationship to Deceased

Mailing Address

Telephone Number

Email Address

I, Click or tap here to enter text., state and affirm under the pains and penalties of perjury that the information included herein is true and accurate

Signature: _____

Date: Click or tap to enter a date.

Please sign (not valid without a signature)

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

Name/Organization:

Mailing Address:

OCME policy requires that all reports are sent to the authorized recipient by Standard US Postal Service