



St. Lawrence County Public Health Department  
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## REQUEST FOR RELEASE OF CORONER'S RECORDS

**Please fax release form to the St. Lawrence County Public Health Department  
Fax Number: 315-386-2744**

Deceased Individual: \_\_\_\_\_ Case #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Person Requesting Copy: \_\_\_\_\_

Address to send report to: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Signature of Person Requesting Records: \_\_\_\_\_

Name of Coroner Releasing Records: \_\_\_\_\_

\_\_\_\_\_  
Signature of Coroner of Record

\_\_\_\_\_  
Date