



# OFFICE OF THE COUNTY CORONER

SUSAN HAYES-MASA, COUNTY CORONER  
DAVID DECELLE, COUNTY CORONER

518.885.5381 ext. 4309

SARATOGACOUNTYNY.GOV

6012 COUNTY FARM RD, BALLSTON SPA, NY 12020

## FAMILY MEMBER REQUEST

I \_\_\_\_\_ BEING THE LEGAL NEXT OF KIN \_\_\_\_\_ OF  
(Next of Kin Name) (Relationship to the deceased)

\_\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Decedents Name)

Am requesting a copy of the final autopsy report for the above named decedent. I certify that I am the legal next of kin to the above named person and release the coroner's office of any liability should this not be accurate and true. Legal next of kin is defined as the following and in this order: Legal spouse, child 18 years or older, parents, siblings.

( ) Please mail the report to this address: \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_

( ) Send by Email to this Email Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Contact Number: ( ) \_\_\_\_\_

### Notary Information:

One the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me, the undersigned a notary public in and for the said state, personally appeared \_\_\_\_\_. Personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

Notary Public: \_\_\_\_\_ Seal: \_\_\_\_\_

OFFICE USE: Sent: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_