



REPORT REQUEST FORM

I request a copy of the _____

for _____
 (name of deceased) (date of death)

I understand that these reports may not be available for several weeks from the time of request. I also understand that this request will be attached to the above named decedent's case file and as soon as the reports are completed a copy will be mailed or emailed to the provided address.

Requested by _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

 Signed By (for electronic please enter your name and date of birth)

- Please Mail the report(s) to the above address
- Please Email the report(s) to the above address
please choose either mail or email this office will only send by one means

Instructions

Please fill this form and submit to the Coroner's office by mail or email. **To mail**, click the Print Form button above and mail to the address below. **To email**, click the Submit by Email button above and follow the instructions. *Note (the attachment generated by this form is encrypted and will only be readable by this office)*

Mail to:
 Ross County Coroner's Office
 c/o Records Request
 217 Delano Avenue, Suite A
 Chillicothe, OH 45601

BELOW THIS LINE IS FOR OFFICE USE ONLY

Date Reports Completed _____ Date Reports Sent _____

Sent by _____