



34970 McMurtrey Ave.  
Bakersfield, California 93308

**CORONER SECTION**

**Coroner Report Request Form**

Date: \_\_\_\_\_ Case #: \_\_\_\_\_

Name of Decedent: \_\_\_\_\_ D.O.D.: \_\_\_\_\_

Requested by:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for the Request: \_\_\_\_\_

Law Enforcement Issue: Yes \_\_\_ No \_\_\_ Badge #: \_\_\_\_\_

Reports Requested: (Coroner, Autopsy & Toxicology) \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**Below section to be completed by Coroner staff.**

Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Fees Enclosed: \_\_\_\_\_

Cash \_\_\_ Check: \_\_\_\_\_ MO: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Receipt No.: \_\_\_\_\_ Processed By: \_\_\_\_\_ Releasable: Y / N

Reason not released: \_\_\_\_\_ Refund entered: \_\_\_\_\_

EROD No: \_\_\_\_\_ Claim No: \_\_\_\_\_ Submitted: \_\_\_\_\_

Records complete: \_\_\_\_\_ Release Method: \_\_\_\_\_

Release Date: \_\_\_\_\_ Released By: \_\_\_\_\_

**Received By:** \_\_\_\_\_ Agency: \_\_\_\_\_  
(Print Name)

**Signature:** \_\_\_\_\_