



COLUMBIA COUNTY  
OFFICE OF THE MEDICAL EXAMINER

711 East Cook Street  
P.O. Box 132  
Portage, WI 53901-0132  
**Phone:** 608-742-4166  
**Fax:** 608-742-0609

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**MEDICAL EXAMINER'S OFFICE RECORDS REQUEST**

Decedent's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ DOD: \_\_\_\_\_  
Requestor's Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Prefer to receive report(s) by: ☐ Call for pick-up ☐ Mail ☐ Fax ☐ Email

Specific Records Requested and reason for the request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Pricing:**

Quantity	Price per Item	Total Cost for Item
Toxicology Report: _____	\$50.00	
Autopsy Report: _____	\$100.00	
Investigative Report: _____	\$1.50/page	
Postage: _____	Actual Cost	

**\*Fees are waived for next of kin requesting records\***

Total Amount Due \$ \_\_\_\_\_

I have been informed of the fees associated with this records request, and desire to continue with this request, and agree to pay the costs associated with this request.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Medical Examiner's Office Use Only)

Sent By: \_\_\_\_\_ Date Sent: \_\_\_\_\_ Method Sent: \_\_\_\_\_