



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

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: _____

Check the box next to the items you are requesting. Do not fill out the rest of the form. It is meant to be filled out by the office.

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: _____