



OFFICE OF THE CORONER

Coroner: Hayley Thompson, D-ABMDI
Phone: 360-416-1996 Fax: 360-848-1173
coroner@co.skagit.wa.us
1700 Continental Place
Mount Vernon, WA 98273

Date: _____ Case No.: _____

To the Coroner of Skagit County;

I, _____, am the _____ of _____.
(Name) (State relation to deceased) (Deceased Name)

I am requesting a copy of the following report(s):

- Investigators Report
- Autopsy Report
- Toxicology Report

Please forward the above requested report(s) to following company on my behalf.

Name of company: _____

Address of company: _____

Phone/Fax Number: _____

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and executed at Mount Vernon, Washington.

Signature Date

Please attach a color copy of a government issued identification.

Signature verified by:

- Driver's license Military ID card State issued ID card (What State) _____
- Other: _____

Report(s) released by:

Skagit County Coroner Representative Signature Date