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 Co	ounty;			
I,(Name)	, am the(State relation t	to deceased)	(Deceased Name)	
I am requesting a copy of th	e following report(s):			
☐ Investigators Report				
Autopsy Report				
☐ Toxicology Report				
Please forward the abo Name of company: Address of company: Phone/Fax Number:				
Signature		Date		
Please attach a color copy of	of a government issue	d identification		
Signature verified by:				
Driver's license Mil	itary ID card	te issued ID ca	rd (What State)	
Other:				
Report(s) released by:				
Skagit County Coroner Rep	resentative	Signature		Date