

REQUEST FOR OREGON STATE POLICE MEDICAL EXAMINER RECORDS

*Please note that requests may take up to 10-12 weeks for processing
Depending on the circumstances of the case and what laboratory testing has been requested.

DECEDENT'S FULL NAME	DATE OF DEATH
COUNTY WHERE DEATH OCCURRED	DATE OF BIRTH
<p>In accordance with law – ORS 146.117 "Any parent, spouse, sibling, child or personal representative of the deceased, or any person who may be criminally or civilly liable for the death, or their authorized representatives respectively, or those within the bounds of the Protection and Advocacy for Individuals with Mental Illness Act, may examine and obtain copies of any medical examiner's report, autopsy report or laboratory test report ordered by a medical examiner."</p>	
REQUESTER NAME	CONTACT TELEPHONE NUMBER
MAILING ADDRESS	REASON FOR REQUEST / JURISDICTION
YOUR RELATIONSHIP TO THIS DECEDENT	EMAIL ADDRESS
Signature (required)	DATE

***Family members please attach a photocopy of:
Current Valid government ID or Legal Representative Documents.***

SEND REQUEST TO: MULTNOMAH COUNTY DEATHS: Multnomah County Medical Examiner 619 NW 6th Ave, 4th Floor Portland, OR 97209 Fax: 503-988-4588 Phone: 503-988-0055 Medical.Examiner@multco.us	CLACKAMAS COUNTY DEATHS: Clackamas County Medical Examiner 13309 SE 84 th Ave. Suite 100 Clackamas, OR 97015 FAX: 971-673-8321 Phone: 503-655-8380	ALL OTHER OREGON COUNTIES: Oregon State Medical Examiner 13309 SE 84 th Ave. Suite 100 Clackamas, OR 97015 FAX: 971-673-8321 Phone: 971-673-8200 Medical.Examiner.Records@state.or.us
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\$25 PROCESSING FEE FOR:

INSURANCE COMPANIES, ATTORNEYS, PRIVATE INVESTIGATORS, ETC: Please complete this form or include the same information on your company letterhead. Please state clearly who you are representing. There may be additional costs for other items. Those needing reports for civil or criminal cases should state who they represent under reason for request.

Multnomah County Deaths - Checks payable to: Multnomah County Medical Examiner
 All Other Oregon Deaths – Checks payable to: State Medical Examiner

FEES WAIVED FOR:

PARENT, SPOUSE, SIBLING, CHILD or PERSONAL REPRESENTATIVE OF DECEASED: Fee is waived. Please do not send money. Please complete this form and attach a copy of current ID. Personal representatives must provide documentation showing their representation.
PHYSICIANS, HOSPITALS, CLINICS, MENTAL HEALTH AGENCIES, ETC: Fee is waived. Please complete this form stating your relationship to this decedent. Mental health agencies must clearly state the jurisdiction under which they are investigating.
LAW ENFORCEMENT, GOVERNMENT AGENCIES, ETC: Fee is waived for law enforcement. Government agencies should inquire as to if fee is required.

OFFICE USE ONLY:

Request Received: _____ Request Denied: _____ Reason: _____
 Request Sent: _____ By mail: _____ By PDF: _____ Window P/U _____
 Reports Sent: MER _____ AUT _____ BA/TOX _____ OTHER _____
 Verification method: Valid ID _____ NOK Release _____ Agency Release _____ Other _____ 08/15