



# OFFICE OF THE CORONER

**Coroner:** Hayley Thompson, D-ABMDI

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1700 Continental Place

Mount Vernon, WA 98273

## Coroner's Records Request

**RCW 68.50.105(1) states:**

*Reports and records of autopsies or postmortems shall be confidential, except that the following persons may examine and obtain copies of any such report or record: The personal representative of the decedent as defined in RCW 11.02.005, any family member, the attending physician or advanced registered nurse practitioner, the prosecuting attorney or law enforcement agencies having jurisdiction, public health officials, the department of labor and industries in cases in which it has an interest under RCW 68.50.103, the secretary of the department of children, youth, and families or his or her designee in cases being reviewed under RCW 74.13.640, or the secretary of the department of social and health services or his or her designee under chapter 74.34 RCW.*

Date:

Case Number:

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

☐ Other: \_\_\_\_\_

Address to mail report(s) to: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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