

# REQUEST FOR OREGON MEDICAL EXAMINER RECORDS

\*Please note that depending on the circumstances of the case and what laboratory testing has been requested, reports may not be available for 5-6 months\*

<b>DECEDENT'S FULL NAME</b>	<b>DATE OF DEATH</b>
<b>COUNTY WHERE DEATH OCCURRED</b>	<b>DATE OF BIRTH</b>
In accordance with ORS 146.035(5): Any parent, spouse, sibling, child, personal representative of the deceased, 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.	
<b>REQUESTER NAME</b>	<b>TELEPHONE NUMBER</b>
<b>MAILING ADDRESS</b>	<b>REASON FOR REQUEST / JURISDICTION</b>
<b>YOUR RELATIONSHIP TO DECEDENT</b>	<b>EMAIL ADDRESS</b> (reports will be sent through email unless otherwise requested)
<b>SIGNATURE</b> <i>(Required)</i>	<b>DATE</b>

**\*Family Members: Please attach a photocopy of your current, valid government ID\***

<p><b>Multnomah County Deaths</b>  <b>Send requests to:</b>                  Multnomah County Medical Examiner                  619 NW 6<sup>th</sup> Avenue, 4<sup>th</sup> Floor                  Portland, OR 97209                  Phone: 503-988-0055                  Fax: 503-988-4588                  medical.examiner@multco.us</p>	<p><b>Clackamas County Deaths</b>  <b>Send requests to:</b>                  Clackamas County Medical Examiner                  13309 SE 84<sup>th</sup> Avenue, Suite 100                  Clackamas, OR 97015                  Phone: 503-655-8380                  Fax: 971-673-8321                  medicalexaminer@clackamas.us</p>	<p><b>All Other County Deaths</b>  <b>Send requests to:</b>                  Oregon State Medical Examiner                  13309 SE 84<sup>th</sup> Avenue, Suite 100                  Clackamas, OR 97015                  Phone: 971-673-8200                  Fax: 971-673-8321                  medical.examiner.records@osp.oregon.gov</p>
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<p>PARENT, SPOUSE, SIBLING, CHILD, or PERSONAL REPRESENTATIVE OF DECEASED: Fee is waived. Personal representatives must provide documentation showing their representation.</p> <p>PHYSICIANS, HOSPITALS, CLINICS, MENTAL HEALTH AGENCIES, ETC: Fee is waived. Mental health agencies must clearly state the jurisdiction under which they are investigating.</p> <p>LAW ENFORCEMENT, GOVERNMENT AGENCIES, CRIMINAL DEFENSE ATTORNEYS, ETC: Fee is waived.</p>	<p>INSURANCE COMPANIES, PRIVATE INVESTIGATORS, ETC: A \$25 check is required. Please complete this form or include the same information on your company letterhead. Please state clearly who you are representing and attach an authorization of release from the next of kin. There may be additional costs for other items.</p> <p>CIVIL &amp; ESTATE ATTORNEYS: A \$25 check is required. Please clearly state who you are representing.</p> <p style="text-align: center;">Multnomah County Deaths - Checks payable to: Multnomah County Medical Examiner</p> <p style="text-align: center;">Clackamas County Deaths – Checks payable to: Clackamas County Medical Examiner</p> <p style="text-align: center;">All Other Oregon Deaths - Checks payable to: Oregon State Medical Examiner</p>
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