ULSTER COUNTY
DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3150, Fax (845) 334-8337

MICHAEL P. HEIN
County Executive

CAROL M. SMITH, MD, MPH
Commissioner of Health and Mental Health

Affidavit for Final Autopsy Report Request

Please return the original of this form, complete and properly notarized, to the Ulster County Medical Examiner's Office at the address above.

STATE OF NEW YORK)
SS:
COUNTY OF ULSTER)

I, _____
(First Name, Last Name)

residing at _____
(Street Address)

_____
(Mailing Address if different than Street Address)

_____
(City/State/Zip)

telephone # _____

being duly sworn, depose and state, to the best of my knowledge, in good faith:

that I am the _____ of
(Relationship to the Decedent)

_____ _____ _____
(Decedent Name) (Date of Birth) (Date of Death)

I hereby request a copy of the full Autopsy Report and sent me at the above address.

Verification by Subscription and Notice under Penal Law Section 210.45

It is a crime, punishable as a Class A Misdemeanor under the laws of the State of New York, for a person, in and by a written instrument, to knowingly make a false statement which such person does not believe to be true.

_____
(Signature)

_____
(Print Name)

Sworn to before me this _____ day of _____, 20____

_____
(Notary Signature) (Notary Stamp)