

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

JEN METZGER County Executive

EVE WALTER, PhD Public Health Director

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	s)
	(City/State/Zip)	
telephone #		
being duly sworn, depose and	state, to the best of my knowledge, in goo	od faith:
	, c	
that I am the	(Relationship to the Decedent)	of
	(Relationship to the Decedent)	
(Decedent Name)	(Date of Birth)	(Date of Death)
` '	full Autopsy Report and sent to me at the	` /
	Verification by Subscription and Notice under Penal Law	
	unishable as a Class A Misdemeanor under the laws of the St instrument, to knowingly make a false statement which such	
·	, 65	•
	(Signature)	
	(Print Name)	
Sworn to before me this day of	, 20	
(Notary Signat	ure)	(Notary Stamp)

Website: www.co.ulster.ny.us/health