

JOHANNA CONTRERAS

Acting County Executive

CAROL M. SMITH, MD, MPH

Commissioner of Health

CTATE OF NEW YORK

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.

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 st	tate, to the best of my knowledge, in goo	od 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 fu	ull Autopsy Report and sent to me at the	above address.
V	erification by Subscription and Notice under Penal Law	Section 210.45
	ishable as a Class A Misdemeanor under the laws of the St strument, to knowingly make a false statement which such	
	(Signature)	
	(Print Name)	
Sworn to before me this day of	, 20	
(Notary Signature		(Notary Stamp)

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