



**15257 Dunnings Highway
East Freedom, PA 16637**

**Office 814-693-3184
Fax 814-374-8774**

REQUEST FOR INFORMATION

Date: _____

Requesting Agency: _____

Contact person: _____

Address: _____ Phone: _____

Decedent's Name: _____ Date of death: _____

The above-listed agency is hereby requesting a copy of records obtained by the Blair County Coroner's Office in the above-referenced death investigation. Any records received are prohibited from copying, faxing, emailing, reproducing, or dissemination by the requesting agency or its employees without the written consent of the coroner. Failure to protect this information could subject the requesting agency to both civil or criminal violations.

Please indicate by checking the item(s) requested, and submit this form along with payment in full made payable to the "Blair County Coroner's Office".

_____ **Coroner's Report \$100** _____ **Toxicology Report \$100** _____ **Autopsy Report \$500**

Signature: _____ Date: _____

Coroner: _____ Date: _____