



Jennifer Graham

Albany County Coroner

501 Ivinson Ave.

Laramie, WY 82070

Phone: 307-760-4957 Fax: 307-721-1831

E-mail: jgraham@co.albany.wy.us

www.co.albany.wy.us/coroner.aspx

Request For Records: Family or Legal Representative

Per W.S. 7-4-105 (c): I, the undersigned, request the Albany County Coroner's Office provide a copy of records regarding:

Full Name of the Deceased: _____

Date of Death: _____

Requesting Party: Name: _____

Address: _____

(Records will not be faxed or emailed)

Contact Number: _____

Signature: _____ Date: _____

Purpose for requesting records: _____

Requestor's Relationship to the Deceased: Spouse Parent Adult Child

Personal Representative Legal Representative

Legal Guardian

Siblings are not included per Wyoming State Statute § 7-4-105. Do not add any other representatives to the list on the

Note: All family relations not specified above as in W.S. §7-4-105(c) are eligible to receive only the Public Records Docket. Requesting parties are asked to present a legal, official form of identification to accompany this request such as a photo ID.

Records Requested: Coroner Summary Report Autopsy Report Toxicology

Photograph Video or Audio Recording

The Albany County Coroner's office is not custodian to Medical Records.

Secondary release of Medical Records is prohibited by Federal Law. Not all listed records are completed in every case. Per W.S. 7-4-105 (m), "A person who knowingly or purposely uses the information in a manner other than the specified purpose for which it was released or violates a court order issued under subsection (g) of this section is guilty of a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than one thousand dollars (\$1,000.00), or both."

OFFICE USE

Form of identification provided: _____

Coroner/Deputy witnessing requestor's identification: _____ Date: _____

FOR OFFICE USE ONLY

Date Records Sent _____