



**CONNIE JACOBSON, MHA, BSN, RN
NATRONA COUNTY CORONER**

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Request For Records: Public Records Docket

NOTE: Public Information Dockets are prepared with the information as specified in W.S. 7-4-105 (a), and are produced for release after case investigation and/or adjudication is completed. Case completion is subject to the policies, procedures, rules and regulations, as established by the Natrona County Coroner's Office, Wyoming Board of Coroner Standards, and additional applicable Wyoming State Statutes.

Per W.S. 7-4-105 (a): I, the undersigned, request the Natrona County Coroner's Office provide a copy of the Public Records Docket regarding:

Full Name of the Deceased: _____

Date of Death: _____

Requesting Party: Name: _____

Address: Street: _____ City: _____ Zip: _____

(Records will not be faxed or emailed)

Contact Phone Number: _____

Relationship to the decedent: _____

Purpose for requesting records: _____

Requestor's Signature: _____

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."

****Requesting parties are asked to provide a legal, official form of identification to accompany this request such as a photo ID.**

Form of Identification provided: _____

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

FOR OFFICE USE ONLY

Date Records Sent _____