



CONNIE JACOBSON, R.N.
 NATRONA COUNTY CORONER
 6550 Wildcat Rd
 Evansville, WY 82636
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www.natrona.net

Request For Records: Agencies, Healthcare Facilities

Per WS §7-4-105 (d): I, the undersigned, request the Natrona County Coroner's Office provide a copy of records regarding:

Full Name of the Deceased: _____
 Date of Death: _____

Requesting Party Name: _____

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

Agency: _____

Address: Street: _____ City: _____ Zip _____

(Records will not be faxed or emailed)

Contact Number: _____

Court Docket or case number: _____

- Agency Category:
- Law Enforcement entity of Wyoming or U.S. Government
 - County, District, or U.S. Attorney
 - County, State, or Federal Public Health Agency
 - Board Licensing Healthcare Professionals under Wyoming Title 33
 - Administrating division of WY Workers Compensation Act
 - State Occupational Epidemiologist
 - Administrating division of WY Occupational Health & Safety Act
 - Office of the Inspector of Mines
 - Insurance Company with legitimate interest in the death
 - Party in a civil litigation with legitimate interest in the death
 - Treating Physician
 - State Health Officer per WS §35-4-115 (a) (i) & 35-4-107

Records Requested: Coroner Summary Report Autopsy Report Toxicology

Natrona 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 WS §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."

Requestor's signature: _____ Date: _____

Form of identification provided: _____

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

FOR OFFICE USE ONLY

Date Records Sent: _____