



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

6550 Wildcat Road

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Phone: (307) 235-9458 Fax: (307) 235-9608

www.natrona.net

Request For Records: Family or Legal Representative

Per W.S. § 7-4-105 (c): 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: _____

Address: Street: _____ City: _____ Zip: _____

(Records will not be faxed or emailed)

Contact Phone Number: _____

Signature: _____ Date: _____

Purpose for requesting records: _____

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

___ Personal Representative ___ Legal Representative (Provide proof)

___ Legal Guardian (Provide proof)

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

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

Records Requested: ___ Coroner Summary Report ___ Autopsy Report ___ Toxicology

The 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 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."

Form of identification provided: _____

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

FOR OFFICE USE ONLY

Date Records Sent _____