



**Jim Whipps, D-ABMDI, CORONER**  
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**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: \_\_\_\_\_

**NOTE: Requesting party is required to provide a legal, official form of identification to accompany this request, such as a photo ID.**

**(RECORDS WILL NOT BE EMAILED)**

Agency: \_\_\_\_\_

Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

(Records will not be 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 Docket  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:** \_\_\_\_\_