



**Snohomish County**

**Medical Examiner's Office**

**Written Authorization for Release to Third Party**

Release of confidential autopsy and post mortem reports and records by the Snohomish County Medical Examiner's Office to those not specifically authorized under RCW 68.50.105 requires a written authorization to release from a family member or the personal representative of the deceased.

I am the surviving (\_\_\_) next of kin or the (\_\_\_) legal representative of:

\_\_\_\_\_ (Name of decedent)

\_\_\_\_\_ (date of birth)

\_\_\_\_\_ (date of death)

I specifically request and authorize the Snohomish County Medical Examiner's Office to release the autopsy/postmortem report (\_\_\_), toxicology (\_\_\_), and/or photos (\_\_\_) to:

\_\_\_\_\_ (Name of person)

\_\_\_\_\_ (Agency or Organization)

\_\_\_\_\_ Street address

\_\_\_\_\_ City, State, Zip

This authorization expires on \_\_\_\_\_ (or \_\_\_ 90 days after signed). I may revoke this authorization at any time by providing written notice. **Requesting family member must attach government issued photo identification. Legal representatives must attach the court document.**

I understand that the Snohomish County Medical Examiner reports and records may contain detailed medical information regarding testing, diagnosis, and/or treatment of HIV (AIDS virus), positive sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment.

\_\_\_\_\_  
Printed name for Next of Kin/Personal Representative

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Daytime phone

It typically takes 2 to 3 months for all testing to be returned, the final study and report completion. Reports are \$2 for the first page and \$1 for each additional page. You will be contacted for the method of delivery and duplication fee once the report is complete.