

Date _____

To: St. Clair County Medical Examiner's Office
1221 Pine Grove Avenue
Port Huron, MI 48060

I am requesting a copy of the AUTOPSY REPORT (Including toxicology) on

_____ who died on _____
(Deceased Name) (Date of Death)

Enclosed is my payment for \$50.00.

(Signature)

(Telephone)

Please mail report to:

