

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

_____ whom is my _____ who died on _____.
(Deceased name) (Relationship) (Date of Death)

Enclosed is my payment for \$50.00 made payable to St. Clair County.

(Signature)

(Telephone Number)

Email address for report to be sent to: _____