



**OFFICE OF THE CORONER  
LARAMIE COUNTY**

Rebecca Reid, D-ABMDI  
Coroner Office: (307) 633-4513  
Fax: (307) 633-4524

**Request for Records**

*Note: Public information docketts are prepared with the information specified in W.S. § 7-4-105 (a), and are produced for release after case investigation and/or adjudication is complete. Case completion is subject to the policies, procedures, rules and regulations as established by the Laramie County Coroner's Office, Wyoming Board of Coroner's Standards and additional applicable Wyoming State Statutes.*

Decedent's Full Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Requesting Party: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Records requested will not be faxed or emailed**

Relationship to the Decedent: \_\_\_\_\_

What is requested (check all that apply)

Autopsy \_\_\_\_\_ Toxicology \_\_\_\_\_ Public Record Docket \_\_\_\_\_

Purpose for request: \_\_\_\_\_

Requester's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Per W.S. § 7-4-105 (a), "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 (\$1,000.00) dollars, or both."*

**OFFICE USE ONLY**

Form of identification provided: \_\_\_\_\_

Coroner/Deputy witnessing: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_