

**FREEDOM OF INFORMATION ACT REQUEST**

RELEASE OF MEDICAL EXAMINER RECORDS UNDER THE FREEDOM OF  
INFORMATION ACT: 1976 PA 442, MCLA 15.231

DATE: \_\_\_\_\_

In accordance with the Freedom of Information Act, I, the undersigned, am requesting a copy of the Medical Examiner autopsy and toxicology reports for:

NAME OF DECEASED: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

**THE 2012 FEE FOR A SET OF AUTOPSY & TOXICOLOGY REPORTS IS \$52.00.**  
**PLEASE INCLUDE YOUR CHECK OR MONEY ORDER PAYABLE TO THE**  
**MACOMB COUNTY HEALTH DEPARTMENT WITH YOUR REQUEST.**

**Macomb County Medical Examiner  
43585 Elizabeth Road  
Mt. Clemens, MI 48043**