



## MEDICAL EXAMINER RELEASE FORM

### INSURANCE COMPANY/LAWYER/MISCELLANEOUS (i.e. D.S.S., NYS Agencies)

I \_\_\_\_\_ am requesting a copy of the Final Autopsy and/or Toxicology for \_\_\_\_\_ in accordance with Public Health Law; or after presenting an original notarized letter, subpoena or equivalent from the next of kin of above requesting said information be released to me.

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Title

Released By: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF NEW YORK )

COUNTY OF \_\_\_\_\_ )

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me, the undersigned, a notary public in and for said state, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

\_\_\_\_\_  
Notary Public

**ALL SIGNATURES MUST BE ORIGINALS**