

RENSSELAER COUNTY DEPARTMENT of HEALTH

Steven F. McLaughlin
County Executive

Dr. Kia Newman
Medical Examiner

Leonard Claus
Interim Public Health Director



RENSSELAER COUNTY MEDICAL EXAMINERS OFFICE MEDICAL EXAMINER RELEASE FORM - FAMILY MEMBER - 2026

I _____ being the _____ of
(Relationship to Decedent)

_____ am requesting a certified copy of the Final Autopsy/Toxicology
(Decedent's Name)

Report for the above-referenced decedent after presenting verification through legal documents, such as but not limited to: A State Issued Identification Card, a State Driver's License, and/or Birth Certificate, Marriage License, Baptismal Certificate, etc., verifying next of kinship to the above-referenced decedent.

Signature

Date

Released by: _____

Date

STATE OF _____)
_____))
COUNTY OF _____)

On this _____ day of _____ in the year 2026, 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