

RENSSELAER COUNTY DEPARTMENT of HEALTH

Steven F. McLaughlin
County Executive

Dr. Kia Newman
Medical Examiner

Leonard Claus
Interim Public Health Director



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 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

NED PATTISON RENSSELAER COUNTY GOVERNMENT CENTER
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