



# WASHINGTON COUNTY CORONERS

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## CORONER'S 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**