



WASHINGTON COUNTY CORONERS

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(518) 746-2536 Fax: (518) 746-2461

Robert Lemieux Wesley Perry James M. Gariepy John Aiken

CORONER'S RELEASE FORM

Family Member

I _____ being the _____ of _____ am requesting a certified copy of the Final Autopsy/Toxicology Report for the above decedent after presenting Verification through Driver's License, and/or Birth Certificate, marriage license, baptismal certificate, etc. verifying next of kin relationship to deceased.

Signature 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