



**OFFICE OF THE CORONER
LARAMIE COUNTY**

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Request for Records

Note: Public information dockets are prepared with the information specified in W.S. § 7-4-105 (a), and are produced for release after case investigation and/or adjudication is complete. Case completion is subject to the policies, procedures, rules and regulations as established by the Laramie County Coroner's Office, Wyoming Board of Coroner's Standards and additional applicable Wyoming State Statutes. Many records held by the Coroner's office are considered privileged and/or confidential under law and may not be released except to persons or entities authorized by law to receive them. Requests for such confidential records must be made in writing. Individuals requesting such records may be required to demonstrate that they are authorized by law to receive them.

Decedent's Full Name: _____

Date of Death: _____

Requesting Party: Name: _____

Address: _____

City, State, Zip: _____

**Records requested which are considered privileged or confidential under law
will not be faxed or emailed**

Relationship to the Decedent: _____

What is requested (check all that apply)

Autopsy _____ Toxicology _____ Public Record Docket _____

Purpose of request: _____

Requester's Signature: _____ Date: _____ Time: _____

Requester's Phone Number: _____

OFFICE USE ONLY

Form of identification or evidence of authorization provided:

Coroner/Deputy witnessing: _____ Date: _____ Time: _____