



OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

STATE OF TENNESSEE, DEPARTMENT OF HEALTH

ANDREW JOHNSON TOWER, 2nd FL

710 JAMES ROBERTSON PKWY

NASHVILLE, TN 37243

FAX: 615-401-2532 HEALTH.OSCME@TN.GOV

Autopsy Report Request Form

To obtain a copy of the autopsy report, email this form to Health.OSCME@tn.gov or mail to:
Office of the State Chief Medical Examiner, Andrew Johnson Tower, 2nd FL, 710 James Robertson Parkway, Nashville, TN 37243

Name of Deceased: _____

County of Death: _____

Date of Death: _____

Please mail a copy of the report to:
(Mailing address/print clearly):

Printed Name of Requestor

Street Address

City, State and Zip Code

Email Address

Check box if preferred method of autopsy report is electronic.

Signature (REQUIRED)

Relationship to Deceased

Phone Number

PLEASE NOTE:

The requestor may complete and submit this form online at:

https://stateoftennessee.formstack.com/forms/autopsy_report_request_form