



# OFFICE OF THE STATE CHIEF MEDICAL EXAMINER

STATE OF TENNESSEE, DEPARTMENT OF HEALTH

BOX 70431, JOHNSON CITY, TN 37614-1704

PHONE: 423-439-8403 FAX: 423-439-8810

[HEALTH.OSCME@TN.GOV](mailto:HEALTH.OSCME@TN.GOV)

## Autopsy Report Request Form

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To obtain a copy of the autopsy report, please send the following information to:  
Office of the State Chief Medical Examiner, Box 70431, Johnson City, TN 37614-1704

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.

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\_\_\_\_\_  
Signature (REQUIRED)

\_\_\_\_\_  
Relationship to Deceased

\_\_\_\_\_  
Phone Number

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### PLEASE NOTE:

The requestor needs to send completed request to:

Office of the State Chief Medical Examiner

C/O Margaret Hyder

State of Tennessee Department of Health

P.O. Box 70431

Johnson City, TN 37614-1704

Office: (423) 439-8403 Fax: (423) 439-8810 Email: [Health.OSCME@TN.Gov](mailto:Health.OSCME@TN.Gov)