



**OFFICE OF THE CHIEF MEDICAL EXAMINER  
TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT**

**200 Feliks Gwozdz Place  
Fort Worth, Texas 76104-4919  
Phone: 817-920-5700 Fax: 817-920-5713**

**Date:** \_\_\_\_\_

REQUEST FOR COPY OF EXAMINATION REPORT

I hereby request a copy of the examination report of decedent:

\_\_\_\_\_

Tarrant County Medical Examiner District's Case Number: \_\_\_\_\_

Date of death: \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to deceased

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Phone

- ( ) please mail report to me.  
( ) email report to me at the following address

\_\_\_\_\_

If a certified copy of the report is required, please call for the current fee.