

District 16
OFFICE OF THE MEDICAL EXAMINER

Michael Steckbauer, M.D.

Medical Examiner

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REQUEST FOR COPY OF MEDICAL EXAMINER RECORDS

Date:

Decedent's Name:

ME Case#:

I, _____, representing _____ or
Name agency or business

As _____ of the decedent, request a copy of the:
Relationship to Decedent

1. Autopsy Report
2. Actual toxicology report (other than results listed in autopsy report)
3. Other: _____
Specify

Signature: _____ or Per Phone/E-Mail/Fax
Circle appropriate

Send Records: _____

Email Address: _____

Telephone: () _____

Date copy provided: _____

How copy provided: _____
US Mail/ Fax/ E-mail or other

By: _____

Fee (if any): _____