

REQUEST FOR AUTOPSY REPORT AND SUPPLEMENTAL INFORMATION

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| DATA REQUIRED BY THE PRIVACY ACT OF 1974 | | | |
| Authority: Title 10 USC, Section 1471 Principal Purpose: To obtain records/reports/photos of remains by persons legally authorized access to this information. Routine Uses: By Department of Defense and other agencies to document and authorize actions necessary obtain post-autopsy supplemental information. Disclosure: Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded and accommodated. | | | |
| NAME OF DECEASED (Last, First, Middle Initial) | IF HAND-WRITTEN, PLEASE USE BLACK OR BLUE INK | SERVICE / RANK OF DECEASED | SSN OF DECEASED |
| TYPED OR PRINTED NAME OF REQUESTOR | REQUESTOR DAYTIME PHONE NUMBER(S) | | |
| RELATIONSHIP TO DECEASED / REASON FOR NEED TO KNOW | REQUESTOR EMAIL | | |
| | FOR OAFME USE: RECEIPT DATE / INITIALS | | |

I, the undersigned, am requesting to receive a copy of the official autopsy report written and maintained by the Office of the Armed Forces Medical Examiner and/or the official photographs taken during autopsy.

I wish to receive the following (select one or both):

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|-------------------|--|
| _____ Initials | I would like to receive a copy of the official autopsy report written by the Office of the Armed Forces Medical Examiner. |
| _____ Initials | I would like to receive the photographs taken by the Office of the Armed Forces Medical Examiner documenting the autopsy. |

I understand official federal business requests will be sent via a secure DoD file sharing system unless otherwise specified. I understand I may elect to receive materials requested for personal reasons at my home address or choose another individual (such as a casualty assistance officer, family member, counselor, etc.) to whom the requested information is sent on my behalf.

Please send the requested information to the following (select one):

| | | | |
|------------------------|--|-----------------------------------|--|
| _____ Initials | Official Business Request. Send via SAFE ACCESS email (unless otherwise specified): | | |
| | OFFICIAL GOVERNMENT EMAIL (MANDATORY) | | |
| _____ Initials | Please deliver the requested material to my home address: | | |
| | SHIPMENT ADDRESS (NOTE: FEDEX DOES NOT DELIVER TO P.O. BOXES) | | |
| _____ Initials | Please deliver the requested material to the following individual on my behalf: | | |
| | TYPED OR PRINTED NAME OF ADDRESSEE | ADDRESSEE DAYTIME PHONE NUMBER(S) | |
| | SHIPMENT ADDRESS (NOTE: FEDEX DOES NOT DELIVER TO P.O. BOXES) | RELATIONSHIP TO ADDRESSEE | |
| SIGNATURE OF REQUESTOR | | DATE | |

IF YOU ARE A FAMILY MEMBER, PLEASE INCLUDE A PHOTOCOPY OF A CURRENT GOVERNMENT-ISSUED PHOTO ID WITH YOUR REQUEST. We cannot process your request without verification of your identity and your legal right to this information, in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations. **IF YOU ARE REQUESTING THIS INFORMATION FOR OFFICIAL BUSINESS, PLEASE INCLUDE A COPY OF YOUR APPOINTMENT LETTER OR A MEMORANDUM OF JUSTIFICATION ON FORMAL LETTERHEAD CITING YOUR NEED TO KNOW.** If you have questions, please contact the Office of the Armed Forces Medical Examiner at (302) 346-8648.

Submit this request form and a copy of your ID or letter of justification via one of the following modes:

- Email: usarmy.dover.medcom-afmes.mbx.operations@mail.mil
- Fax: (302) 346-8767
- Mail: Office of the Armed Forces Medical Examiner
 Attn: Autopsy Examination Report Request
 115 Purple Heart Drive
 Dover Air Force Base, DE 19902