REQUEST FOR AUTOPSY REPORT AND SUPPLEMENTAL INFORMATION

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 USC, Section 1471
PRINCIPAL PURPOSE: To obtain records/reports 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 for the release of 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)	SERVICE/RANK OF DECEASED	SSN OF DECEASED OR DOD ID #
TYPED OR PRINTED NAME OF REQUESTOR	REQUESTOR DAYTIME PHONE NUMBER(S)	
RELATIONSHIP TO DECEASED/REASON FOR NEED TO KNOW	REQUESTOR EMAIL	
	FOR FPI USE: RECEIPT DATE/TIME	

I, the undersigned, am requesting to receive a copy of the official autopsy report written and maintained by Forensic Pathology Investigations (FPI), Armed Forces Medical Examiner System (AFMES).

I wish to receive the following:

Initials _____ I would like to receive a copy of the official autopsy **report** written by the FPI Medical Examiner.

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

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

Official Business Request. Send via encrypted email **(unless otherwise specified):**

Initials — **OFFICIAL GOVERNMENT EMAIL *(MANDATORY)***

Please deliver the requested material to my home address:

Initials — **SHIPMENT ADDRESS (NOTE: FEDEX DOES NOT DELIVER TO P.O. BOXES)** | **RELATIONSHIP TO ADDRESSEE**

Please deliver the requested material to the following individual on my behalf:

Initials — **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

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 the Privacy Act of 1974, as amended.

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 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: dha.dover.afmes.mbx.operations@health.mil
Mail: Armed Forces Medical Examiner System
115 Purple Heart Drive
Dover Air Force Base, DE 19902
Fax: (302) 346-8819

Controlled by : AFMES
Controlled by : Director, Forensic Pathology Investigations
Category: DREC/INV/PRVCY
LDC: FEDCON
POC: 302-346-8648