



**OFFICE OF THE CORONER
COUNTY OF CHESTER
Coroner: Sophia Garcia-Jackson, M.S., D-ABMDI**

“Committed Service
and Responsiveness”

601 Westtown Road, Suite 090
West Chester, PA 19382

Phone: 610- 344-6165
Fax: 610- 344-6018

Report Request for Attorneys & Insurance

Name of Requesting Agency: _____

Name of Agency Representative: _____

Address of Requestor: _____

Phone Number of Requestor: _____

Name of Deceased: _____

Date of Death: _____

Reason for Request: _____

Type of Report Requested: (Check the appropriate box)

- Certified Copy of Autopsy Report - for a fee of \$500
- Certified Copy of Toxicology Report - for a fee of \$100
- Scene Photographs - for a fee of \$25 each Qty: _____
- Autopsy Photographs - for a fee of \$25 each Qty: _____

Checks should be made payable to “Chester County Coroner” and must include an **Administrative Fee of \$35** in addition to the above fee(s).

Signature of Requesting Agency Representative

Date Signed

Mail signed form and supporting documentation (subpoena, next of kin release form, etc) to our office at: Chester County Coroner, 601 Westtown Rd, Suite 090, West Chester, PA 19382.

Once we receive and review your request we will generate an invoice and send that to you for payment. Once we receive payment the reports will be mailed to the address you have provided.

NOTICE: Please call the Coroner’s Office at 610-344-6165 to confirm availability of report(s) and number of photographs prior to sending this request and payment.