



Dallas County
Southwestern Institute of Forensic Sciences
at Dallas

2355 North Stemmons Frwy.
Dallas, Texas 75207
Phone: 214.920.5900

OFFICE OF THE MEDICAL EXAMINER

REQUEST FOR AUTOPSY/EXTERNAL EXAMINATION REPORT

I am requesting a copy of the following Autopsy/External Examination report:

Case Number (if known) : _____

Name of Deceased: _____

Date of Death: _____

Requestor Name, Mailing Address and Phone Number:

Email: _____ *Phone Number*
(non-certified copy only)

Please **SELECT** the type of copy:

Attached is a **\$15 check or money order** payable to Dallas County for a **CERTIFIED COPY**.

Attached is a **\$5 check or money order** payable to Dallas County for a **non-certified COPY**.

Personal checks must include a Phone Number, Driver License Number or State-issued ID Number and Date of Birth. Business checks must include a phone number. Completed reports will be **mailed via US Mail** within seven business days upon receipt of request and payment. Most autopsy and external examination reports are completed within 90 days following the examination.

Please **mail** this request and your payment to:
Dallas County Medical Examiner, Attn: Records
2355 North Stemmons Freeway
Dallas, TX 75207