

**CONTROLLED (WHEN FILLED IN)**  
**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/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 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.

<b>NAME OF DECEASED</b> (Last, First, Middle Initial)	<b>IF HAND-WRITTEN, PLEASE USE BLACK OR BLUE INK</b>	<b>SERVICE/RANK OF DECEASED</b>	<b>SSN OF DECEASED OR DOD ID #</b>
<b>TYPED OR PRINTED NAME OF REQUESTOR</b>		<b>REQUESTOR DAYTIME PHONE NUMBER(S)</b>	
<b>RELATIONSHIP TO DECEASED/REASON FOR NEED TO KNOW</b>		<b>REQUESTOR EMAIL</b>	
		<b>FOR OAFME USE: RECEIPT DATE/TIME</b>	

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

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

<hr style="border: none; border-top: 1px solid black;"/>	I would like to receive a copy of the official autopsy <b>report</b> written by the Forensic Pathology Investigations (FPI) Medical Examiner.
<hr style="border: none; border-top: 1px solid black;"/>	I would like to receive the <b>photographs</b> taken by the FPI Medical Examiner documenting the autopsy.

I understand official federal business requests will be sent via encrypted email and/or a secure DoD file sharing system (DoD SAFE) 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):**

<hr style="border: none; border-top: 1px solid black;"/>	<b>Official Business Request. Send via encrypted email and/or DoD SAFE (unless otherwise specified):</b>		
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

<b>SIGNATURE OF REQUESTOR</b>	<b>DATE</b>
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**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 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) 346-8819  
 Mail: Armed Forces Medical Examiner System  
 Attn: Autopsy Examination Report Request  
 115 Purple Heart Drive  
 Dover Air Force Base, DE 19902