



Erin Ivie

Fremont County Coroner

818 S. Federal Blvd. Suite 500
Riverton, Wyoming 82501

Request For Records: Agency

Per W.S. 7-4-105 (d): I, the undersigned, request the Fremont County Coroner’s Office provide a copy of records regarding:

Full Name of the Deceased: _____ **Date of Death:** _____

Requesting Party: Name: _____ Agency: _____

Address: _____

Contact Number: _____

Court Docket or case number: _____

Signature: _____ Date: _____

- Agency Category:**
- Law Enforcement entity of WY or U.S. Government
 - County, District, or U.S. Attorney
 - County, State, or Federal Public Health Agency
 - Board Licensing Healthcare Professionals under Wyoming Title 33
 - Administrating division of WY Workers Compensation Act
 - State Health Officer per W.S 35-4-115(a)(i) & 35-4-107
 - Administrating division of WY Occupational Health & Safety Act
 - Donor Procurement Organization per W.S. 35-5-222(a)
 - State Fire Marshal per W.S. 35-9-101 through 130
 - Insurance Company with legitimate interest in the death
 - Party in a civil litigation with legitimate interest in the death
 - Office of the Inspector of Mines
 - Treating Physician
 - State Occupational Epidemiologist

Records Requested: Coroner Report Autopsy Report Toxicology
 Photos Video or Audio Recording

Requested Method of Return: Fax Mail In Person Email

Address/Fax/Email: _____

Note: Photos will not be provided electronically

Secondary release of Medical Records is prohibited by Federal Law. Not all listed records are completed in every case. Per W.S. 7-4-105 (m) "A person who knowingly or purposely uses the information in a manner other than the specified purpose for which it was released or violates a court order issued under subsection (g) of this section is guilty of a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than one thousand dollars (\$1,000.00), or both."

Section Below for Office Use Only

Documentation of Identification provided:

Coroner / Deputy witnessing request: _____ Date Received: _____

Date Provided: _____