



**Erin Ivie**

**Fremont County Coroner**  
818 S. Federal Blvd. Suite 500  
Riverton, Wyoming 82501

**Request For Records: Family or Legal Representative**

Per W.S. 7-4-105 (c): 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: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requested Method of Return:**  Fax  Mail  In Person  Email

Address/Fax/Email: \_\_\_\_\_

*Note: Photos will not be provided electronically*

**Relationship to the deceased:**  Spouse  Parent  Adult Child  
 Personal Representative  Legal Representative  
 Legal Guardian

*Note: All family relations not specified above as in W.S. 7-4-105 (c) are eligible to receive only the Public Records Docket.*

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

*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: