



Stanislaus County Sheriff's Coroner's Division
Jeff Dirkse
Sheriff-Coroner

Report #'s (Copies of reports)

*After completing the document,
please send it to the Coroner's
office. The form can be sent via
email to Coroner@stansheriff.com
or fax to 209-567-4445.*

Name of Person Requesting Report: _____ Date of Birth: _____

What is your relationship to the decedent? _____

Decedent's Name: _____ Date/Time reported: _____

Location of Occurrence: _____

STATUS OF REQUESTING PARTY (CHECK ONE):

- 1. VICTIM/PARENT OR GUARDIAN OF DECEDENT _____
- 2. AUTHORIZED REPRESENTATIVE OF DECEDENT _____
- 3. INSURANCE CARRIER _____
- 4. PERSON INVOLVED IN INCIDENT _____
- 5. OWNER OF DAMAGED/STOLEN PROPERTY _____
- 6. MEDIA _____
- 7. PARTY ACCUSED OF CRIME _____
- 8. INTERESTED PARTY (SPECIFY) _____

Are there any juveniles involved in the report? Yes _____ No _____

****REASON FOR REQUEST (BE SPECIFIC):** _____

****DISCLAIMER****

All report requests MAY be reviewed by the Deputy Chief Coroner prior to release.

I declare under penalty of perjury that I am the party of interest as checked above:

SIGNATURE: X _____ **DATE:** _____

Daytime phone # _____

Additional phone # _____

Mailing address: _____

If for a business, name of business: _____

*******OFFICE USE ONLY*******

Request Taken by: _____ Date: _____

Release Authorized by: _____ Date: _____

Report Released by: _____ Date: _____