

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

| Report #'s         (Copies of reports)   | After completing the document,<br>please send it to the Coroner's<br>office. The form can be sent via<br>email to Coroner@stansheriff.com<br>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   |  |
| <b>**DISCLAIMER**</b><br>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: XDATE:     |  |
| Daytime phone #  |  |
| Additional phone #   |  |
| Mailing address:   |  |
| If for a business, name of business:   | JSE ONLY************************************   |
|  | Date:  |
|  | Date:  |
|  | Date:  |
| Modified 03/05/2020 JP   | Entered into ICJIS by: Date:   |