GUIDELINES FOR REQUESTING DEATH INVESTIGATIONS RECORDS

Oregon State Medical Examiner Laws state: "Any parent, spouse, sibling, child or personal representative of the deceased, or any person who may be criminally or civilly liable for the death, or their authorized representatives respectively, or those within the bounds of the Protection and Advocacy for Individuals with Mental Illness Act, may examine and obtain copies of any medical examiner's report, autopsy report or laboratory test report ordered by a medical examiner under ORS 146.117."

Those who fall under the above categories and would like to receive a copy of the Medical Examiner Report, Autopsy Report, Toxicology Report, or photos should follow the guidelines listed below. Any requests that do not include ALL needed documentation will be denied.

PARENT, SPOUSE, SIBLING, CHILD or PERSONAL REPRESENTATIVE OF THE DECEASED
• Please complete request form with current address, telephone and signature. Also include a copy of identification.
• PERSONAL REPRESENTATIVES: must provide documentation showing their representation.

PHYSICIANS, HOSPITALS, CLINICS, MENTAL HEALTH AGENCIES, ETC.
• We do not release records for quality control or completion of files without next-of-kin permission in writing.
• Physicians wanting to review their cases can request records by completing the request form or letter with their reason for requesting and their signature.
• Those needing reports for civil or criminal cases should state that on the request form.
• Mental Health Agencies must clearly state the jurisdiction under which they are investigating.

LAW ENFORCEMENT, GOVERNMENT AGENCIES, ETC.
• We do not release records for quality control or completion of files without next-of-kin permission in writing.
• For investigations: Please complete the Death Investigations Record Request Form or provide a letter on your agency letter head that includes the following information: (1) Full name of the deceased (2) Date of Death (3) County of Death (4) Your Name and Title (5) Your affiliation with this case (6) Your mailing address and contact phone number.

INSURANCE COMPANIES, ATTORNEYS, ETC.
• Please complete the Death Investigations Record Request Form and provide a letter on your agency letter head that includes the following information: (1) Full name of the deceased (2) Date of Death (3) County of Death.
• A processing fee must be received before records are released.

REQUESTS FOR DEATH INVESTIGATION RECORDS SHOULD BE SENT TO:
Lane County Death Investigations
125 E 8th Avenue #400
Eugene, Oregon 97401
541-682-4363
Fax: 541-682-3890

**A separate fee schedule is available. All fees must be paid before records are released.**