



St. Lawrence County Public Health Department

80 State Highway 310, Suite 2 ▪ Canton, New York 13617-1476

Phone: (315) 386-2325 ▪ Fax: (315) 386-2203

Request for the Release of Coroner Records

Updated 9/2024

Case Number (Completed by SLCPHD Staff): _____

Name of Deceased: _____

Date of Birth: _____ Date of Death: _____

Person Requesting Copy: _____

Relationship to Deceased: _____

Preferred method of delivery? Mail Email

Mailing Address or Email Address for Report: _____

Phone Number: _____

I _____, under penalties of perjury, under the laws of New York, which may
(print name)

include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action of proceeding in a court of law.

Signature of Person Requesting Records

Date

STATE OF NEW YORK)
) ss.
COUNTY OF ST. LAWRENCE)

On the _____ day of _____, in the year _____, before me the undersigned, a Notary Public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is/are subscribed to the within instrument and acknowledged to be that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

Notary Public

Completed by SLCPHD Staff

Name of Coroner Releasing Records: _____

Signature of Coroner

Date