



**WILLIAM L. JENKINS
FORENSIC CENTER**

EAST TENNESSEE STATE UNIVERSITY Box 70425 | JOHNSON CITY, TN 37614 | P (423) 439-8038 | F (423) 439-8070

AUTOPSY REPORT REQUEST

Name of Deceased: _____

County of Death: _____

Date of Death: _____

Please mail a copy of the report to:

(Mailing address/print clearly): _____

Printed Name of Requestor

Street Address

City, State and Zip Code

Email: _____

Signature (REQUIRED)

Relationship to Deceased

Phone Number

**Please allow up to ninety days (90) from the
date of autopsy for the Final Autopsy
Report to be complete.**

Return Completed Autopsy Report Request form to:

Forensic Pathology
Box 70425
Johnson City, TN 37614-1704

PLEASE NOTE:

****Government agencies, immediate next-of-kin and treating physicians are *not* required to submit a fee****