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> Melanie Rouse, Coroner Tami Sedivy-Schroder, Deputy Coroner

> > Senior Medical Examiner Lisa Gavin, MD, MPH

Medical Examiners Nathan Shaller, MD ⋅ Stephanie Yagi, DO ⋅ Stacey Simons, MD

PUBLIC RECORDS REQUEST

I,Please Print	, am reques	ung the following report	s regarding
Dogodont's Namo	Date of Death:	Date of Birth: _	
Decedent's Name			
Case No:			
Are you related to the deceden	t: YES / NO		
If yes, please advise relationsh	ip to the decedent:		
If no, please advise reasoning	for request:		
Contact Phone Number:			
Please select the method you v	would like to obtain the report	ts:	
U.S. Mail			
Address	:		
☐ Email			
Email A	ddress:		
Signature		Date	
<u></u>		<u></u>	
*If you are authorizing someo			
Please Print	, authorize	Please Print	to obtain
reports regarding			·
	Decedent's Name		
Should there be any concerns,	i may be comacted at	,	

BOARD OF COUNTY COMMISSIONERS

Please submit this request to coroner@clarkcountynv.gov for processing. Thank you.