

Office of the Coroner/Medical Examiner

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Melanie Rouse, Coroner Tami Sedivy-Schroder, Assistant Coroner

Medical Examiners

Lisa Gavin, MD · Timothy Dutra, MD, PhD · Jan Gorniak, DO · Ben Murie, DO · Nathan Shaller, MD

PUBLIC RECORDS REQUEST

I,	, am requesting the following reports regarding	
	Date of Death: I	
Decedent's Name		
Case No:		
Are you related to the decedent:	YES / NO	
If yes, please advise relationship	to the decedent:	
If no, please advise reasoning for	request:	
Contact Phone Number:		
Please select the method you wo	uld like to obtain the reports:	
U.S. Mail		
Address: _		
☐ Email		
Email Ado	dress:	
Please mark which reports you are requesting below.		
☐ Investigative Report	☐ Medical Examiner's Report	☐ Toxicology Report
Signature		
Please note, not all cases include all reports listed above.		
_	e to obtain reports on your behalf, plea	
Please Print		Please Print
	, Case N	No
	may be contacted at	
Signature	Date	