

Stephenson County Coroner's Report Request

Your Name _____ Date _____

Address _____ Relationship _____

City _____ State _____ Zip _____

Phone # _____

Insurance Company _____
(If Applicable)

Deceased Person _____
(Name) (Date of Death)

Records Requested	<input type="checkbox"/> Copy of Sworn Testimony (\$ 3.00 Per Page)	\$ _____
	<input type="checkbox"/> Copy of Autopsy Report (\$ 30.00)	\$ _____
	<input type="checkbox"/> Copy of Verdict of Coroner's Jury (\$ 5.00)	\$ _____
	<input type="checkbox"/> Copy of Toxicology Report (\$ 15.00)	\$ _____
	<input type="checkbox"/> Copy of a Picture (\$ 3.00)	\$ _____
	<input type="checkbox"/> Copy of Miscellaneous Reports (\$ 15.00)	\$ _____
	<input type="checkbox"/> Indicate Inspection Only of Records (No Charge)	\$ <u>0.00</u>
	Total	\$ _____

Signature _____

Make Checks Payable to
Stephenson County Coroner's Office

Send To
Stephenson County Coroner
210 W. Main St.
Lena, Illinois 61048

Phone (815)-369-4512