



TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT

**200 Feliks Gwozdz Place
Fort Worth, Texas 76104-4919
Phone: 817-920-5700 Fax: 817-920-5713**

Date: _____

REQUEST FOR COPY OF EXAMINATION REPORT

I hereby request a copy of the examination report of decedent:

Tarrant County Medical Examiner District's Case Number: _____

Date of death: _____.

Signature

Printed Name

Relationship to deceased

Address

City, State, ZIP

Phone

- () please mail report to me.
() email report to me at the following address

If a certified copy of the report is required, please call for the current fee.