



Medical Examiner Records Request

Copies may be obtained by completing this form and emailing it to medicalrecords@ocme.org
We will email you an invoice when the records are complete (This can take some time.)
Upon receipt of your payment, we will email you the requested records.

Requestor's Name: _____ Date Requested: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number (where we may contact you during day): _____

Relationship to the Deceased: _____

Email for where records are to be sent: _____

Types of records requested: _____

Decedent's Full Name: _____

Date of Death: _____ ME# (if known): _____

I hereby attest that the information entered on this records request form accurately reflects my relationship with the decedent and my name and contact information. I affirm that this information is accurate and complete to the best of my knowledge. I agree that the use of a typed signature constitutes the legal equivalent of a handwritten signature.

Signature

Death Certificates:

The Office of the Chief Medical Examiner cannot provide copies of death certificates. Copies of death certificates must be obtained from the Registrar of Vital Statistics of the town in which the death occurred.

If you have any questions please email us at medicalrecords@ocme.org or call us at OCME- 860-679-3980 and ask for medical records.

Additional information can be found on our Website: <https://portal.ct.gov/OCME>