



**FOR KNOX & ANDERSON COUNTY ONLY.**  
For all other counties, please contact your county Medical Examiner office or go to <https://www.tn.gov/health/health-program-areas/oscmecounty-medical-examiner.html>  
**THANK YOU.**

2761 SULLINS STREET KNOXVILLE TN 37919 P 865.215.8000 F 865.215.8001

## REQUEST FOR AUTOPSY REPORT

TODAY'S DATE: \_\_\_\_\_

LEGAL NAME OF DECEASED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

NAME OF PERSON REQUESTING AUTOPSY REPORT: \_\_\_\_\_

WE CAN SEND THE REPORT TWO WAYS, VIA EMAIL OR REGULAR MAIL  
PLEASE SELECT YOUR PREFERENCE.      **EMAIL**      **MAIL**

### WHERE TO SEND REPORT

NAME:

STREET:

CITY, STATE, ZIP:

EMAIL:

**PLEASE ATTACH A COPY OF YOUR PHOTO IDENTIFICATION  
RETURN TO FAX OR EMAIL: 865.215.8001 OR  
RFCBUSINESS@KNOXCOUNTY.ORG**

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For Office ONLY.

Rec'd \_\_\_\_\_  
Initials

Date \_\_\_\_\_

Date Mailed \_\_\_\_\_