

**APPLICATION
FOR
CORONER'S/AUTOPSY REPORT**

The undersigned, pursuant to County Law Section 677 (3) (b), hereby make application to the Coroners of Schuyler County, New York, for a copy of the autopsy report upon the following named decedent, and in support of said application, provide the following information:

1. Name of decedent: _____
2. Date of death of decedent: _____
3. Place of death of decedent: _____
4. Applicant's full legal name: _____
5. Applicant's full legal address, including zip code and telephone number: _____

6. Applicant's relationship to said decedent: _____

Dated: _____, _____

(Signature of Applicant)

Sworn to before me this

_____, day of _____, _____

(Notary Public)