



Cynthia Crabtree
Weston County Coroner
Box 45
Osage, Wyoming 82723

Request For Records: Agencies, Healthcare Facilities

Per WS §7-4-105 (d): I, the undersigned, request the Weston County Coroner's Office provide a copy of records regarding:

Full Name of the Deceased: _____
 Date of Death: _____

Requesting Party: Name: _____
 Agency: _____
 Address: _____
 (Records will not be faxed or emailed)
 Contact Number: _____
 Court Docket or case number: _____

- Agency Category:
- Law Enforcement entity of Wyoming or U.S. Government
 - County, District, or U.S. Attorney
 - County, State, or Federal Public Health Agency
 - Board Licensing Healthcare Professionals under Wyoming Title 33
 - Administrating division of WY Workers Compensation Act
 - State Occupational Epidemiologist
 - Administrating division of WY Occupational Health & Safety Act
 - Office of the Inspector of Mines
 - Insurance Company with legitimate interest in the death
 - Party in a civil litigation with legitimate interest in the death
 - Treating Physician
 - State Health Officer per WS §35-4-115 (a) (i) & 35-4-107
 - Donor Procurement Organizations per WS §35-5-222(a)

Records Requested: Coroner Report Autopsy Report Toxicology
 Photographs Video or Audio Recording

Secondary release of Medical Records is prohibited by Federal Law. Not all listed records are completed in every case. Per WS §7-4-105 (m), "A person who knowingly or purposely uses the information in a manner other than the specified purpose for which it was released or violates a court order issued under subsection (g) of this section is guilty of a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than one thousand dollars (\$1,000.00), or both."

Requestor's signature _____ Date _____
 Form of identification provided _____

Coroner/Deputy witnessing requestor's identification _____ Date _____

RECEIVED _____