



**Cynthia Crabtree**  
**Weston County Coroner**  
**Box 45**  
**Osage, Wyoming 82723**

**Request For Ancestral Death Information, or Historic Research**

(Case information for Deaths after 7/1/2011 requires a Request for Public Records Docket form)

I, the undersigned, request the Weston County Coroner's Office provide a copy of the following data or case information on a historic death(s):

Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Requesting Party: Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to deceased, if applicable: \_\_\_\_\_

*Note: public Information Dockets, data, or summary case file information and reports, are prepared with the information as specified in W.S. 7-4-105, or with specific identifiers of individuals redacted. Information released is subject to the policies, procedures, rules, and regulations as established by the Weston County Coroner's Office, Wyoming Board of Coroner Standards, and additional applicable Wyoming State Statutes.*

*Per W.S. 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."*

**Section Below for Office Use Only**

Documentation of Identification provided: \_\_\_\_\_

Signed, \_\_\_\_\_

Coroner/Deputy witnessing request: \_\_\_\_\_ Date Received: \_\_\_\_\_

Method record provided:  In Person  
 Via USPS/other post  
 Fax by request  
 Date Provided: \_\_\_\_\_