Weston County Coroner's Office

Scott E. Beachler

Coroner

P.O. Box 521 Upton, WY 82730 307-746-5610 sbnwy@outlook.com



Request For Records: Agencies, Healthcare Facilities

Per WS §7-4-105 (d):	I, the undersigned request the Weston Cou	inty Coroner's Office provide a copy of records			
regarding:	the section of the se	any Coloner's Office provide a copy of records			
	10				
Full Name of the Decease	sed:				
Date of Death:		A STATE OF THE STA			
	tellioni di esta di es				
	Agency:	The state of the s			
	Address:				
	(Records will not be faxed or e	emailed)			
	Contact Number:				
	Contact Number: Court Docket or case number:				
	A Paris Sept. At the sept.				
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 Repo	ort Toxicology			
	Photographs Video or Audio Re	ecording			
Secondary release of Medic	val Records is prohibited by Federal Law. Not al.	listed records are completed in every case. Per WS			
3/-4-103 (m), A person w	ho knowingly or purposely uses the information i	n a manner other than the enecified nurnose for			
which it was released or vio	plates a court order issued under subsection (g) o	f this section is guilty of a misdemeanor nunishable			
by imprisonment for not mo	ore than six (6) months, a fine of not more than on	e thousand dollars (\$1,000.00), or both."			
Requestor's signature					
Form of identification pr	ovided				
Coroner/Deputy witnessing requestor's identification		Date			

RECEIVED