

MACOMB COUNTY
OFFICE OF THE MEDICAL EXAMINER
43525 ELIZABETH
MT. CLEMENS, MICHIGAN 48043
586-469-5214
FAX 586-469-6636

RELEASE OF MEDICAL EXAMINER RECORDS UNDER THE FREEDOM OF
INFORMATION ACT: 1976 PA 442, MCLA 15.231

Date: _____

I, the undersigned am requesting a copy of the Medical Examiner records on

Name of deceased: _____

Case Number: _____ Date of Death: _____

In accordance with the Freedom of Information Act.

Signature: _____

Print Name: _____

Address: _____

City, State & Zip Code: _____

Phone Number: _____

Relationship: _____