



# JENNIFER GRAHAM

## ALBANY COUNTY CORONER

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### Request For Records: Family or Legal Representative

Per W.S. 7-4-105 (c): I, the undersigned, request the Albany County Coroner's Office provide a copy of records regarding:

Full Name of the Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Requesting Party: Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Records will not be faxed or emailed)

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Purpose for requesting records: \_\_\_\_\_

**Requestor's Relationship to the Deceased:** \_\_\_ Spouse \_\_\_ Parent \_\_\_ Adult Child

Siblings are not included per Wyoming State Statute § 7-4-105. Do not add any other representatives to the list on the

\_\_\_ Personal Representative \_\_\_ Legal Representative

\_\_\_ Legal Guardian

*Note: All family relations not specified above as in W.S. §7-4-105(c) are eligible to receive only the Public Records Docket. Requesting parties are asked to present a legal, official form of identification to accompany this request such as a photo ID.*

Records Requested: \_\_\_ Coroner Summary Report \_\_\_ Autopsy Report \_\_\_ Toxicology

\_\_\_ Photograph \_\_\_ Video or Audio Recording

### The Albany County Coroner's office is not custodian to Medical Records.

*Secondary release of Medical Records is prohibited by Federal Law. Not all listed records are completed in every case. 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."*

### OFFICE USE

Form of identification provided: \_\_\_\_\_

Coroner/Deputy witnessing requestor's identification: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Date Records Sent \_\_\_\_\_