

**Carbon County Coroner's Office**

Brittany Nyman, County Coroner

PO Box 6

Rawlins, WY 82301

Phone: (307) 328-7830 Fax: (307) 328-7835

Request For Records: Family or Legal Representative

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

Full Name of the Deceased: _____

Date of Death: _____

Requesting Party: Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

(Records will not be emailed)

Contact Phone Number: _____

Signature: _____ Date: _____

Purpose for requesting records: _____

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

Siblings are not included per Wyo State Statute § 7-4-105. Do not add any other representatives to the list on the right.	<input type="checkbox"/> Personal Representative <input type="checkbox"/> Legal Representative (Provide <u>proof</u>)
	<input type="checkbox"/> Legal Guardian (Provide <u>proof</u>)

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 provide a legal, official form of identification to accompany this request such as a photo ID.

Records Requested: Coroner Report Autopsy Report Toxicology**The Carbon 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."

Form of identification provided: _____

Coroner/Deputy witnessing requestor's identification: _____ Date: _____

FOR OFFICE USE ONLY**Date Records Sent** _____