J. RYAN MCMAHON II
County Executive

ANN ROONEY
Deputy County Executive/
Interim Commissioner of Health

CAROLYN H. REVERCOMB, MD, DABP
Chief Medical Examiner

MEDICAL EXAMINER'S OFFICE
ONONDAGA COUNTY HEALTH DEPARTMENT
CENTER FOR FORENSIC SCIENCES

AUTHORIZATION TO RELEASE RECORDS

DECEDENT INFORMATION:					
Name of Decedent:					
Date of Death:					
MEO Case # (if known):					
YOUR (REQUESTOR) INFORMATION:					
First Name:		Middle:		Last Name:	
Relationship to the decedent:			My date of birth:		
Please send my copy of the finalized* examination report to (select ONE – type or print):					
☐ My Email Address:					
OR ☒ My Mailing Address:	St. Joseph's Hospital Health Center, 301 Prospect Avenue, Attn: Dr. Philip Falcone				
City, State and Zip Code:	Syracuse		New York		13203
Phone (home or cell):					

*A Medical Examiner's Office Forensic Investigator will review and verify this request by contacting the phone number entered above. Once the request is verified by the Forensic Investigator and the examination report is ready, the final examination report will be sent by secure email or mailed to the address requested. Reports sent by email will be sent from the email address "**ITNotification@ongov.net**"; please be sure to check your spam folder.

Please note: Examination report(s) take approximately 90 days to be completed and may take longer if additional testing and review are required by the medical examiner.

WARNING: FRAUDULENTLY IDENTIFYING YOURSELF AS A SPOUSE OR NEXT OF KIN OF THE DECEDENT IS A CRIME PUNISHABLE AS A CLASS A MISDEMEANOR UNDER THE NEW YORK LAW.

Signed: _____ Date: _____
(Spouse or Next-of-Kin Signature)

OFFICE USE ONLY- Date Mailed:

100 ELIZABETH BLACKWELL STREET, SYRACUSE, NEW YORK 13210
ONGOV.NET PHONE 315.435.3163 FAX 315.435.3319