



# Request for Oregon State Medical Examiner Records

Per ORS 146.035(5): Any parent, spouse, sibling, child, personal representative of the deceased, any person who may be criminally or civilly liable for the death, or their authorized representatives respectively, or those within the bounds of the Protection and Advocacy for Individuals with Mental Illness Act, may examine and obtain copies of any medical examiner's report, autopsy report, or laboratory test report ordered by a medical examiner.

Please note that depending on the circumstances of the case and testing requested, reports may not be available for up to 6 months.

## Submission Information

FAMILY MEMBERS: Please attach a photocopy of your current, valid government ID

### Multnomah County Deaths

Multnomah County Medical Examiner's Office  
619 NW 6th Avenue, 4th Floor  
Portland, OR 97209

Phone: 503-988-0055 | Fax: 503-988-4588  
Email: [medical.examiner@multco.us](mailto:medical.examiner@multco.us)

### Clackamas County Deaths

Clackamas County Medical Examiner's Office  
13309 SE 84th Avenue, Suite 100  
Clackamas, OR 97015

Phone: 503-655-8380 | Fax: 503-655-8382  
Email: [medicalexaminer@clackamas.us](mailto:medicalexaminer@clackamas.us)

### All Other County Deaths

Oregon State Medical Examiner  
13309 SE 84th Avenue, Suite 100  
Clackamas, OR 97015

Phone: 971-673-8200 | Fax: 971-673-8321  
Email: [medical.examiner.records@osp.oregon.gov](mailto:medical.examiner.records@osp.oregon.gov)

## Fee Information

### Fee Required (Standard reports \$25, payable by check only)

- Insurance Companies and Private Investigators: Please complete this form or include the same information on your company letterhead. Clearly state who you are representing and attach an authorization of release from the next of kin.
- Civil & Estate Attorneys: Please clearly state who you are representing.
- Requests from other parties will be reviewed on a case by case basis.
- There may be additional costs for extra items.

### Standard Report fees are waived for the following:

- Parent, spouse, sibling, child, or Personal Representative of deceased. Personal representatives must provide documentation showing their representation.
- Physicians, hospitals, clinics, and mental health agencies. Mental health agencies must clearly state the jurisdiction under which they are investigating.
- Law enforcement, government agencies, and criminal defense attorneys.
- Requests from other parties will be reviewed on a case by case basis.

### Make checks payable to:

- Multnomah County Deaths: Multnomah County Medical Examiner's Office
- Clackamas County Deaths: Clackamas County Medical Examiner's Office
- All Other Oregon Deaths: Oregon State Medical Examiner's Office



# Request for Oregon State Medical Examiner Records

## Fillable Form

Decedent's Full Name

County Where Death Occurred

Date of Death

Date of Birth

Reason for Request / Jurisdiction (Not required for family requests)

Requester's Name

Requester's Telephone Number

Email Address (reports will be sent through email unless otherwise requested)

Mailing Address

Your Relationship to Decedent

**Signature:** (Family members - please attach a photocopy of your current, valid government identification)

Signature (Required)

Date