



TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT

200 Feliks Gwozdz Place
Fort Worth, Texas 76104-4919
Phone: (817) 920-5700 Fax: (817) 920-5713

REQUEST FOR COPY OF AUTOPSY/EXAMINATION REPORT

Date: _____ TCME Case Number: _____

Decedent Name: _____

Date of Death: _____ My Name Is: _____

My Address is: _____

I Am Requesting:

Fee:

- | | |
|--|---------------------|
| <input type="checkbox"/> Copy of Inquest Report (Family Only) | \$25.00 (Each) |
| <input type="checkbox"/> Certified copies of Inquest Report
(Insurance, Law Office & Record Agency, etc.) | \$145.00 (Each) |
| <input type="checkbox"/> Completion of Notarized Affidavit | \$145.00 (Each) |
| <input type="checkbox"/> Digital Photos on CD | \$200.00 (Per Case) |
| <input type="checkbox"/> Digital X-Rays on CD | \$200.00 (Per Case) |
| <input type="checkbox"/> Subpoena Witness Fee | \$11.00 (Each) |
| <input type="checkbox"/> Subpoena Witness Fee – Federal | \$40.00 (Each) |
| <input type="checkbox"/> Mailing Fee | \$5.00 (Each) |

**** PLEASE NOTE:** A separate check is required for each item. Please do not combine fees for multiple items in one check/money order. Payment(s) should be made payable to "Tarrant County Medical Examiner's Office" and be mailed with this form to our office located at the address above.

- Please email report to me at the following email address: