Boone County Coroner's Office
P.O. Box 673
Union, KY 41091
Office: 859-525-1150
FAX: 859-525-0057
Email: mrittinger@boonecountyky.org

Missy Rittinger, RN, SANE, CFN, AMBDI

OPEN RECORDS REQUEST FORM

Contact Information

Name: (Please Print)_____
Street Address: _____
City:_____ State: _____ Zip Code _____
E-Mail (optional) _____ Phone: _____

Date of Request: _____

Statement of Residency: I certify that I am a resident of Kentucky because I am (check one):

☐ Individual residing in the Kentucky
☐ Foreign business registered with the Secretary of State
☐ Individual/business owning real property in Kentucky
☐ Domestic business with location in the Kentucky
☐ individual employed and working in Kentucky
☐ authorized to act on behalf of an entity listed above
☐ News-gathering agency (defined in KRS 189.635 (8)(b) 1 a.to e)

Records to be Inspected or Requested

Name of Deceased: _____ Date of Death:_____

☐ **Coroner's Report** ☐ **Autopsy Report** ☐ **Toxicology Report** ☐ **Other document:**

(Describe)_____

I request the records in the following format (Choose one):

☐ Receive Copies Electronically through E-mail (If available electronically)
☐ Via Facsimile
☐ By Mail (please provide a self addressed **stamped** 11x13 envelope to the Office Address)
☐ Pick up copies

Purpose of request is for: ☐ Non Commercial Purpose ☐ Commercial Purpose

*Commercial purpose is the direct or indirect use of any part of a public record, in any form, for sale, resale, solicitation, rent, or lease of a service or any use by which the user expects a profit either through commission, salary or fee. *Addendum Required.*

_____ _____
Signature Date

STAFF USE ONLY

Date received: _____ Date Completed: _____