



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):

- | | |
|--|---|
| <input type="checkbox"/> Individual residing in the Kentucky | <input type="checkbox"/> Domestic business with location in the Kentucky |
| <input type="checkbox"/> Foreign business registered with the Secretary of State | <input type="checkbox"/> individual employed and working in Kentucky |
| <input type="checkbox"/> Individual/business owning real property in Kentucky | <input type="checkbox"/> authorized to act on behalf of an entity listed above |
| <input type="checkbox"/> Next of Kin not residing in Kentucky | <input type="checkbox"/> 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: _____