



Boone County Coroner's Office
P.O. Box 673
Union, KY 41091
Office: 859-525-1150
FAX: 859-525-0057
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Missy Rittinger, RN, SANE, CFN, AMBDI

NEXT OF KIN RECORDS REQUEST FORM

Contact Information

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

Statement of Certification: I certify that I am a: (check one):

- Spouse
 Adult Child
 Surviving Parent
 Personal/Legal Representative of Decedent (Proof Attached)

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: _____