

# Stephenson County Coroner's Report Request

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_  
(If Applicable)

Deceased Person \_\_\_\_\_  
(Name) (Date of Death)

Records Requested	<input type="checkbox"/> Copy of Sworn Testimony (\$ 5.00 Per Page)	\$ _____
	<input type="checkbox"/> Copy of Autopsy Report (\$ 50.00)	\$ _____
	<input type="checkbox"/> Copy of Verdict of Coroner's Jury (\$ 5.00)	\$ _____
	<input type="checkbox"/> Copy of Toxicology Report (\$ 25.00)	\$ _____
	<input type="checkbox"/> Copy of a Picture (\$ 3.00)	\$ _____
	<input type="checkbox"/> Copy of Miscellaneous Reports (\$ 25.00)	\$ _____
	<input type="checkbox"/> Indicate Inspection Only of Records (No Charge)	\$ <u>0.00</u>
	Total	\$ _____

Signature \_\_\_\_\_

Make Checks Payable to  
Stephenson County Coroner's Office

Send To  
Stephenson County Coroner  
210 W. Main St.  
Lena, Illinois 61048

Phone (815)-369-4512