

Lancaster County Coroner's Office

Report Request

Name of Requestor: _____

Address of Requestor: _____

Phone Number of Requestor: _____

Name of Deceased: _____

Date of Death: _____

Requestor's Relationship to Deceased: _____

Type of Report Requested (cost): *[Please check the appropriate line(s)]*

Autopsy Report: (\$500.00) _____

Toxicology Report: (\$100.00) _____

Inquisition or Coroner Report: (\$100.00) _____

Signature of Requestor:

Date Signed:

Please send completed request to Lancaster County Coroner, 2080 Spring Valley Road, Lancaster, PA 17601.

***Please note when the "Report Request" is received by this office you will be mailed an invoice for payment. Upon receipt of payment, the report(s) will be mailed to the above listed address. Should your address change please inform the Coroners' Office immediately.

Any questions please contact the Coroners' Office at (717) 735-2123