



Office of the Boulder County Coroner

5610 Flatiron Parkway, Boulder, Colorado 80301 - 303.441.3535 - Fax: 303.441.4535

Mailing Address: P.O.Box 471 - Boulder, Colorado 80306 - www.bouldercounty.org

Autopsy Report Request Form

Release of Public Records

Autopsy reports are deemed Public Record and may be released according to the policy. To request a copy of a record you **MUST** complete an autopsy request form, which will be retained in the file of the requested record. All requests are processed as soon as possible, but may take up to 3 working days. Such period may be extended if extenuating circumstances exist such as the request is for an inactive file; an unusually long request or the records need to be reviewed by administration. The fee shall be as detailed below, unless actual costs exceed that amount, in which case actual costs may be charged. Actual costs include staff time. Any fees charged in this policy shall include the cost of redacting documents to excise privileged material.

Fees for Release of Public Records

Immediate family of the decedent (for current cases), law enforcement agencies, and the District Attorney's Office may receive a copy of the autopsy report free of charge. Any individual, business or commercial concern shall be charged twenty-five cents (\$.25) per page, payable in advance, per CRS§24-72-205, **however the coroner does waive the fee on reports that are less than 10 pages.**

A research/retrieval fee will be assessed for every request which requires research and retrieval. There is no charge for the first hour, after the first hour, a \$30.00 per hour fee will be assessed per CRS§24-72-205 (6)(a) in addition to the twenty-five cents (\$.25) per page regardless of the number of pages.

Fill out the information below and return it to the Boulder County Coroner's Office. When the items requested above are received, and as soon as the report is available, we will provide the autopsy report to you in the method requested below.

Name of Decedent: _____ Date of Death: _____

Reason for Request: _____

Name of Requestor: _____

(Please Print Full Name)

(Telephone Number)

(Signature) Date _____

I would like to receive the report by email _____ mail _____ at the following address:

EMMA R. HALL
Coroner

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