

OCME Record Requests for Legal Next of Kin

I am the _____ and the legal next of kin of _____
RELATIONSHIP FULL NAME OF THE DECEDENT

who died on the date of _____. I am requesting a copy of the reports.

These report copies are to be mailed to the following:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Your Contact Phone Number: _____

Your Printed name (REQUIRED): _____

Your Signature (REQUIRED): _____ Date (REQUIRED): _____

Mail the request form and the \$40.00 fee to the appropriate OCME District office:

Central District

400 East Jackson Street
Richmond, VA 23219
804-786-3174
FAX 804-371-8595

Northern District

10850 Pyramid Place
Suite 121
Manassas, VA 20110
703-530-2600
FAX 703-530-0510

Tidewater District

830 Southampton Ave.
Suite 100
Norfolk, VA 23510
757-683-8366
FAX 757-683-2589

Western District

6600 Northside High School Rd
Roanoke, VA 24019
540-561-6615
FAX 540-561-6619

Payments for records must be made with certified funds.

(i.e., certified check, cashier's check, money order, etc.).

Please make checks payable to Virginia State Department of Health.