



Authorization for Release of Death Investigation Reports

I, _____, bearing the relationship
(full name)

of _____ to:
(mother, father, sister, brother, spouse, son, daughter or legal personal representative)

Name of Deceased: _____
(full name)

who died on/about _____
(date of death – day/month/year)

at _____, Ontario
(place of death)

am requesting to receive **all*** reports related to the death investigation of the decedent named above.

DATE of Request: _____
(day/month/year)

*Reports include the Coroners Investigation Statement and *may* include a Post Mortem Examination (i.e. autopsy) and a toxicology report (if an autopsy and toxicology are performed); and possibly a report of a Death Review Committee (if case reviewed by a committee)

Requested reports will be sent by **secure email** to the email address provided below.

EMAIL ADDRESS _____

PHONE NUMBER _____

Complete the address information below **only if you prefer to receive the report(s) by Canada Post:**

Street & number, unit #

City, Province

Postal Code

Telephone

Record of Investigations

18. (4) Every coroner shall keep a record of the cases reported in which an inquest has been determined to be unnecessary, showing for each case the coroner's findings of facts to determine the answers to the questions set out in subsection 31(1), and such findings, including the relevant findings of the post mortem examination and of any other examinations or analyses of the body carried out, shall be available to **the spouse, parents, children, brothers and sisters of the deceased and to his or her personal representative, upon request.**
Coroners Act R.S.O. 1990, c. C.37, s. 18 (4); 2009, c. 15, s. 10.

PLEASE SUBMIT YOUR REQUEST VIA EMAIL/MAIL/FAX TO THE **APPLICABLE REGIONAL OFFICE**
OR

Send to the attention of the Issues Manager at:
occ.inquiries@ontario.ca

Office of the Chief Coroner
25 Morton Shulman Ave.
Toronto ON M3M 0B1
Tel: 416-314-4000 / Fax: 416-314-4030