



**REGIONAL MEDICAL
EXAMINER'S OFFICE**

Washoe County Regional Medical Examiner's Office
990 E Ninth Street Reno, Nevada 89512
Phone: (775) 785-6114 Fax: (775) 785-6163

Date: _____

WCRMEO Case Number (if known): _____

Decedent Name: _____

I, _____,
(Your name)

the _____ of the decedent, hereby request the
(Your relationship to the decedent)
examination and toxicology report for this case to be mailed to me at the address listed below.

Address: _____

(List full address including city, state, and zip code)

Signature: _____

