



Patricia W. Perlow
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DEATH INVESTIGATIONS RECORDS REQUEST FORM

**** For Deaths On or Before Dec. 31, 2007 ONLY ****

REQUEST DATE: _____

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____

COUNTY WHERE DEATH OCCURRED: _____

NEXT OF KIN REQUESTS:

RELATIONSHIP TO DECEASED: Parent Spouse Child Sibling Personal Representative

REASON FOR REQUEST: Personal Insurance Other _____

REQUESTER NAME: _____

MAILING ADDRESS: _____

TELEPHONE: _____

REQUESTER SIGNATURE: _____ DATE: _____

AGENCY REQUESTS:

REASON FOR REQUESTING: Investigation Attending Physician Insurance Mental Health

Criminal Defendant Civil Defendant Other _____

AGENCY NAME: _____

REQUESTER NAME: _____ TITLE: _____

MAILING ADDRESS: _____

TELEPHONE: _____

REQUESTER SIGNATURE: _____ DATE: _____

NOTE: Toxicology processing takes several weeks for results to be completed. Reports will be mailed together when ALL reports have been completed.

REQUESTS SHOULD BE SENT TO:

Lane County Death Investigations
Attention: Rebecca Messenger
125 E 8th Avenue #400
Eugene, Oregon 97401