



JUSTICE

Office of the Chief Medical Examiner

Medical Examiner File No.
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### AUTHORIZATION FOR RELEASE OF INFORMATION

(Use this form to receive information for yourself or others)

Please complete, sign, and return this form to guide us in releasing the Certificate of Medical Examiner.

I, \_\_\_\_\_, of \_\_\_\_\_  
(Name of next-of-kin or appointed personal representative) (Street address Town/City Province/State) (Postal code)

being the \_\_\_\_\_ of the late \_\_\_\_\_  
(Relationship) (Name of deceased)

deceased \_\_\_\_\_ do hereby direct and authorize you to provide information as follows:  
(Date of death)

\_\_\_\_\_  
Signature Phone Number Date

**NOTE: You are advised that in certain circumstances it may be to your benefit to have legal counsel before information is provided to another party.**

Release of this report is controlled by the next-of-kin. Please check appropriate box(es).

Release Certificate of Medical Examiner to:

Myself <b>OR</b> My personal representative upon their request	Yes	No
	Yes	No
Name and address of personal representative(s) Any adult next-of-kin or appointed personal representative (including executor of estate) who requires the Certificate of Medical Examiner is entitled to receive a copy.		

Insurance Companies, Bank(s), Lawyer(s)	Yes	No
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Indicate number of required forms:

	Certificate of Medical Examiner (\$15 for first copy; no charge for subsequent copies)
	Summary Autopsy or External Examination Report (\$15 per copy)
	Detailed Autopsy Report with Toxicological Analysis (\$40 per copy. Includes Summary Autopsy).
	Toxicological Analysis only (\$20 per copy)

Return this completed form to the Office of the Chief Medical Examiner at:

7007 – 116 Street, Edmonton, Alberta T6H 5R8  
4070 Bowness Road N.W., Calgary, Alberta T3B 3R7

Make cheque or money order payable to: The Minister of Finance