



ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3150, Fax (845) 334-8337

PATRICK K. RYAN
County Executive

CAROL M. SMITH, MD, MPH
Commissioner of Health and Mental Health

Affidavit for Final Autopsy Report Request

**Please return the original of this form, complete and properly notarized, to the
Ulster County Medical Examiner's Office at the address above.**

STATE OF NEW YORK)
SS:
COUNTY OF ULSTER)

I, _____
(First Name, Last Name)

residing at _____
(Street Address)

(Mailing Address if different than Street Address)

(City/State/Zip)

telephone # _____

being duly sworn, depose and state, to the best of my knowledge, in good faith:

that I am the _____ of
(Relationship to the Decedent)

(Decedent Name) _____
(Date of Birth) _____
(Date of Death)

I hereby request a copy of the full Autopsy Report and sent me at the above address.

Verification by Subscription and Notice under Penal Law Section 210.45

*It is a crime, punishable as a Class A Misdemeanor under the laws of the State of New York, for a person,
in and by a written instrument, to knowingly make a false statement which such person does not believe to be true.*

(Signature)

(Print Name)

Sworn to before me this _____ day of _____, 20____

(Notary Signature)

(Notary Stamp)