STATE OF VERMONT

SUPERIOR COURT **PROBATE DIVISION**
Unit **Case No. _____**

Petition for Copy of Autopsy Report

Petitioner _____ is an individual who is not authorized under 18 V.S.A. § 505 (b)(1) to receive a copy of the autopsy report for _____.
(Name of Decedent)

Pursuant to 18 V.S.A. § 505 (b)(2), Petitioner hereby petitions the Probate Division for a copy of the autopsy report.

1. **Decedent Information**:
   Name: _____
   County Death Occurred in: _____
   Date of Death: _____

2. **Petitioner Information**:
   Name: _____
   Mailing Address: _____
   _____
   Physical Address (if Different): _____
   _____
   Phone Number: _____
   Email Address: _____

3. **Petitioner's relationship to the decedent:** _____

4. **Reason why the autopsy is being requested**:
   _____
   _____
   _____
   _____

5. Petitioner shall provide a copy of this petition to each of the following **within FIVE (5) days** of filing the Petition with the Court:
   a. **Office of the Chief Medical Examiner**:
      Address – 280 State Drive, Waterbury, VT, 05671-8300
   b. **State's Attorney of the County in which the death occurred**:
      Name: _____
      Address: _____

I declare that the above statements are true and accurate to the best of my knowledge and belief. I understand that if the above statements are false, I will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Date:_____ _____
Signature of Petitioner

_____
Printed Name