McLennan County Justice of the Peace, Pct. 2
929 Elm Avenue Waco, TX 76704
Phone (254) 752-9353 Fax (254) 752-9353

REQUEST FOR COPY OF AUTOPSY/TOXICOLOGY REPORT

Decedent's Information

Name (of Decedent): _____
First Middle Last Suffix

Gender: ☐ Male ☐ Female SS#: _____ / _____ / _____

Date of Death: _____ Date of Birth: _____

Hospital or Place of Death: _____

City of Death: _____ McLennan County

Father's Name: _____
First Middle Last Suffix

Mothers Birth Name: _____
First Middle Last

Requestors Information

Relationship to decedent: Family Member (Relation): _____
Attorney (State Bar#): _____
Other: _____
Name: _____ Phone: (_____) _____ - _____

If attorney, then disregard DOB, DL/State.
Date of Birth: _____ / _____ / _____ DL# _____ State: _____

Current Mailing Address: _____

_____ _____
Applicant's Signature Date

The penalty for knowingly making a false statement on this form can be 2-10 years in prison and a fine up to $10,000. (Health & Safety Code, Chapter 195, Section 195.003)

For Clerk Use Only

Date/Time Received: _____ Completed by: _____

Receipt#: _____ Total Amt. Due $_____

The cost is $5.00 for an autopsy/toxicology report.