

**DECLARATION OF FAMILY TO RELEASE COPIES OF MEDICAL EXAMINER/
CORONER'S RECORDS AND REPORTS**

I, _____, hereby declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

1. I, hereby request the release of copies of reports of autopsies or post mortems as permitted by RCW 68.50.105, pertaining to _____.
(Insert name of decedent)

2. I am the _____ of the above-named decedent.

(Identify whether you are the surviving spouse, child, parent, grandparent, grandchild, brother, sister, or guardian of the decedent at the time of death, or personal representative as defined in RCW 11.02.005).

3. I hereby authorize the Kitsap County Medical Examiner to release the copies of reports and records of autopsies or post-mortems to _____,
whose address is: _____

_____.

(**please include email address and color copy of photo Identification)

DATED this _____ day of _____, 202__ in _____,

(WA or other state)

Signature of Decedent's Family Member