

**John W. Callahan
Grundy County Coroner
Record Request Release Form**

Name _____ Date _____

Address _____ Relationship _____

City _____ State _____ Zip _____

Phone # _____

Business _____
(If Applicable)

Deceased Person _____
(Name) (Date of Death)

Records Requested

- | | |
|---|----------|
| <input type="checkbox"/> Copy of Autopsy Report (\$ 50.00) | \$ _____ |
| <input type="checkbox"/> Copy of Toxicology Report (\$ 25.00) | \$ _____ |
| <input type="checkbox"/> Copy of a Picture(s) (\$ 3.00 each) | \$ _____ |
| <input type="checkbox"/> Copy of Photo CD (\$ 75.00) | \$ _____ |
| <input type="checkbox"/> Copy of Coroner's Report (\$ 25.00) | \$ _____ |
| Total | \$ _____ |

Signature _____

Make Checks Payable to:
Grundy County Treasurer

Send To:
Grundy County Coroner
1320 Union Street
Morris, IL 60450

Phone (815) 942-3792
Fax (815) 941-3355

Reports/Records Released by _____ Date _____
(for office use only)