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

☐ Copy of Autopsy Report ($ 50.00) $__________
☐ Copy of Toxicology Report ($ 25.00) $__________
☐ Copy of Photo CD ($ 75.00) $__________
☐ Copy of Coroner’s Report ($ 25.00) $__________
☐ Other __________________________ $__________

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)