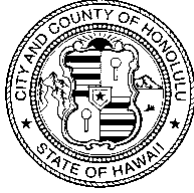


**DEPARTMENT OF THE MEDICAL EXAMINER
KA 'OIHANA O KE KAUKA KILO KUPAPA'U
CITY AND COUNTY OF HONOLULU**

650 IWILEI ROAD, SUITE 205 • HONOLULU, HAWAII 96817
TELEPHONE: (808) 768-3090 • FAX: (808) 768-3099 • INTERNET: www.honolulu.gov

RICK BLANGIARDI
MAYOR
MEIA



MASAHIKO KOBAYASHI, M.D., Ph.D.
MEDICAL EXAMINER
KAUKA KILO KUPAPA'U

Autopsy Report Request

Name of Decedent: _____

Date of Death: _____

Requestor Name: _____

Phone number: _____

Mailing address: _____

Email: _____

Please send report via (check only one): Mail Email

Number of copies _____ x \$5 each copy, enclosed

Submit to: Department of the Medical Examiner
Attn: Records
650 Iwilei Road, Suite 205
Honolulu, Hawaii 96817

Autopsy Reports take an average of six (6) months to finalize. Autopsy Reports for HOMICIDE cases will not be released until the investigation is completed and/or approval for release from the Honolulu Police Department and Prosecuting Attorney's office. Payment will be accepted when the Autopsy Report is available.

For Office Use Only

Receipt No.: _____ Cash / Check No. _____

Amount: _____ Check date: _____