



# ULSTER COUNTY DEPARTMENT OF HEALTH

239 Golden Hill Lane, Kingston, NY 12401-6441, (845) 340-3150, Fax (845) 334-8337

**JEN METZGER**  
County Executive

**CAROL M. SMITH, MD, MPH**  
Commissioner of Health

## Affidavit for Final Autopsy Report Request

Please return the original of this form, complete and properly notarized, to the  
Ulster County Medical Examiner's Office at the address above.

STATE OF NEW YORK)

SS:

COUNTY OF ULSTER)

I, \_\_\_\_\_  
(First Name, Last Name)

residing at \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Mailing Address if different than Street Address)

\_\_\_\_\_  
(City/State/Zip)

telephone # \_\_\_\_\_

being duly sworn, depose and state, to the best of my knowledge, in good faith:

that I am the \_\_\_\_\_ of  
(Relationship to the Decedent)

\_\_\_\_\_  
(Decedent Name)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Date of Death)

I hereby request a copy of the full Autopsy Report and sent to me at the above address.

### Verification by Subscription and Notice under Penal Law Section 210.45

*It is a crime, punishable as a Class A Misdemeanor under the laws of the State of New York, for a person,  
in and by a written instrument, to knowingly make a false statement which such person does not believe to be true.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Signature)

\_\_\_\_\_  
(Notary Stamp)