

# COUNTY OF KANE

**Dr. Monica Silva**  
**KANE COUNTY CORONER**  
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## FREEDOM OF INFORMATION ACT - REQUEST FORM

NAME OF DECEASED: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

RELATIONSHIP TO DECEASED:

Family (Please indicate relationship)       Business       Other (Please indicate relationship)

NAME OF PERSON/BUSINESS REQUESTING INFORMATION:

REQUESTOR'S ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PHONE NUMBERS WHERE YOU CAN BE CONTACTED: \_\_\_\_\_

HOW WOULD YOU LIKE TO RECEIVE THE REPORTS:     Email     USPS (hard copy by mail)

REPORTS REQUESTED:

- |   |   |
|---|---|
| <input type="checkbox"/> Coroner's Investigative Report (\$25.00) | <input type="checkbox"/> Autopsy Protocol (\$50.00)           |
| <input type="checkbox"/> Toxicology Report (\$25.00)              | <input type="checkbox"/> Inquest Transcript (\$5.00 per page) |
| <input type="checkbox"/> Other (please specify) _____             |   |

Signature \_\_\_\_\_ Date \_\_\_\_\_

The Coroner's Office will contact you when the requested information is available. If you wish to obtain a copy of the reports, payment may be required prior to their release. Payment can be made in the form of money order or personal check, made payable to the "Kane County Coroner".

*Death Certificates MUST be requested through the Kane County Clerk's Office at (630) 232-5950.*