COUNTY OF KANE

L. Robert Russell KANE COUNTY CORONER

37W699 IL Route 38 St. Charles, Illinois 60175



Phone 630-232-3535 Fax 630-232-3431

Website: www.co.kane.il.us

FREEDOM OF INFORMATION ACT - REQUEST FORM

NAME OF DECEASED:	DATE OF DEATH:
RELATIONSHIP TO DECEASED:	
Family (Please indicate relationship) Bu	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:	
Coroner's Investigative Report (\$25.00)	Autopsy Protocol (\$50.00)
Toxicology Report (\$25.00)	Inquest Transcript (\$5.00 per page)
Other (please specify)	
Signature	Date
The Coroner's Office will contact you when the requeste	d information is available. If you wish to obtain a

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".