



**Alaska State Medical Examiner's Office**  
5455 Dr. Martin Luther King Jr. Ave., Anchorage, AK 99507  
Phone: (907) 334-2200; Fax: (907) 334-2216  
Email: [medical.examiner@alaska.gov](mailto:medical.examiner@alaska.gov)

## Document Request

Final reports from the State Medical Examiner's Office (SMEO) include an exam report and test results (if any were ordered). Reports are not available until after the SMEO case is closed. This may take anywhere from one to six weeks, occasionally longer. SMEO reports are privileged and confidential documents, not subject to public disclosure under AS 40.25.

**Decedent's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_ **SMEO Case #:** \_\_\_\_\_  
(if known)

I realize the report may be part of a criminal investigation and could be withheld until such release would not jeopardize any ongoing prosecution or investigation (AS 12.65.020b). In the event the report is withheld, I understand this request will be placed in pending status and released when all pending criminal litigation and investigation have been completed.

**Name of individual requesting report:** \_\_\_\_\_

**Relationship to deceased:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Signee must submit a copy of photo identification for the request to be processed.

Please provide a copy of the final reports for the above named decedent to:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ (only if you would like reports faxed instead of mailed)  
(not required)

**A legible copy of photo identification must be received for the request to be processed.**