Arkansas State Crime Laboratory

Postmortem Examination Report Request Form

Legal next-of-kin, representing counsel and insurance companies can request a copy of the postmortem examination report by sending a request signed by the legal next-of-kin. Before release, the Arkansas State Crime Laboratory must obtain:

1) an authorization from the prosecuting attorney of the county where the incident occurred, or
2) a court order from a court of competent jurisdiction.

A request from representing counsel or an insurance company requires a payment of $50.00. Please do not send payment until we have received authorization to release the report. We will reach out after we have received authorization.

Our reports are privileged and confidential as described in A. C. A. § 12-12-312.

Name of deceased: _____

Date of death: _____

Requester's name: _____
(*must be legal next-of-kin*)

Relationship to deceased: _____

Address: _____
(*Street address*)

_____
(*City, State, ZIP*)

Email address: _____
(*if report to be sent by email*)

Telephone number: _____

Signature of requester: _____

Please mail request to:
Arkansas State Crime Laboratory
Attn: ME Family Liaison
3 Natural Resources Drive
Little Rock AR 72205

Or e-mail: ASCL.Autopsy.Request@dps.arkansas.gov