

Caddo Parish Coroner's Office  
2900 Hearne Avenue Shreveport, LA 71103  
Fax: 318.841.1332

**AUTOPSY & TOXICOLOGY REPORT REQUEST**

I, \_\_\_\_\_, \_\_\_\_\_, of  
(Your Name) (Your Relation)

\_\_\_\_\_, whose death occurred on  
(Name of Deceased)

\_\_\_\_\_, would like to receive a copy of the Autopsy and  
(Date of Death)

Toxicology Report done on the above named deceased. I understand that the  
**results may take up to six (6) weeks to be completed** and would like to:

\_\_\_ Pick them up in person at the Caddo Parish Coroner's Office  
Please provide your telephone number where you can be  
notified: \_\_\_\_\_

\_\_\_ Have them mailed to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have provided a copy of my driver's license/photo ID card to the Caddo Parish Coroner's  
Office in addition to this request.

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

\_\_\_\_\_  
Printed Name ID Number

\_\_\_\_\_  
CPCO Representative

**For Office Use Only**

Date Req. Rec'd: \_\_\_\_\_  
Date AUT Rec'd: \_\_\_\_\_  
Date Mailed: \_\_\_\_\_  
Date Notified by phone: \_\_\_\_\_  
Date Picked Up: \_\_\_\_\_  
CPCO Rep. Intls: \_\_\_\_\_