



**OFFICE OF THE CHIEF MEDICAL EXAMINER**  
111 COLCHESTER AVENUE, BAIRD 1, BURLINGTON, VT 05401  
PHONE (802) 863-7320 • (802) 863-7265 FAX

**STATEMENT OF NEXT-OF-KIN**

Decedent's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The undersigned, \_\_\_\_\_, states:

1. That, according to Vermont State Statutes 12 V.S.A. §1612, I am the next of kin of the above-named individual, who was pronounced deceased on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
2. That my relationship to the decedent is \_\_\_\_\_.
3. That a personal representative (executor/administrator) has been appointed for the decedent's estate, or a petition to open an estate is pending:  Yes  No – If yes, please identify the (proposed/appointed) personal representative **and** the court where the estate is pending:  
\_\_\_\_\_.
4. That the decedent was married at the time of death:  Yes  No  
If yes, please identify the spouse: \_\_\_\_\_.
5. That the decedent had living children at the time of death:  Yes  No – If yes, please identify the child(ren): \_\_\_\_\_.
6. That the decedent had living parents or siblings at the time of death:  Yes  No – If yes, please identify the parent(s): \_\_\_\_\_ and sibling(s): \_\_\_\_\_.
7. That this statement is made in support of my request to obtain copies of records from the Office of the Chief Medical Examiner, specifically, the **Final Report of Autopsy and Toxicology Report**, if applicable.

The foregoing is the truth to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

(\_\_\_\_\_) \_\_\_\_\_  
Phone

Mailing \_\_\_\_\_  
Address: \_\_\_\_\_

Email: \_\_\_\_\_

(**Check ONE option only**) I prefer to receive documentation via:

- USPS mail  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**FOR OCME USE:**

M.E. Case # \_\_\_\_\_ DOD: \_\_\_\_\_ Date Recd: \_\_\_\_\_ Date Approved: \_\_\_\_\_ By: \_\_\_\_\_