

OFFICE OF THE CHIEF MEDICAL EXAMINER

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STATEMENT OF NEXT-OF-KIN

Decedent's Name:	
Date	e of Birth:
The undersigned,, states:	
1.	That, under Vermont law, 14 V.S.A. \S 314, 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 (<i>executor/administrator</i>) has been appointed for the decedent's estate: Yes No – If yes , identify the appointed personal representative and the court where the appointment was granted:
3.A.	That a petition to open an estate is pending: Yes No – If yes , identify the 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, identify the spouse:
5.	That the decedent had living adult children (<i>18yr or older</i>) at the time of death: Yes No – If yes , identify the child(ren):
5.A.	That the decedent had living minor children at the time of death: Yes No – If yes , identify who has physical responsibility for the child(ren):
6.	That the decedent had living parents at the time of death:
6.A.	That the decedent had living siblings at the time of death: Yes No – If yes , identify the 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 (OCME), specifically: <u>Final Report of Autopsy/Inspection and Toxicology Report</u> .
The f	foregoing is the truth to the best of my knowledge, information, and belief.
Sign	ature Date
Name	()
Nam	
Mail Addı	
(<u>CHECK ONLY ONE</u>) I prefer to receive documentation via: USPS mail Fax:	
	Email: