CHEROKEE COUNTY CORONERS OFFICE

411Chattin Drive • Canton, GA 30115
Sally Sims, Coroner
678-493-4136

Open Records Request

Pursuant to the Georgia Open Records (O.C.G.A. § 50-18-70 et seq.), I am requesting the following records:

Report #'s (How many copies of reports?)

Medical Examiner Reports _____
(this includes autopsy)
Coroner's Report _____
Medical Records _____

Would you like records mailed _____ or emailed _____

****DISCLAIMER****

No reports/records can be sent on an on-going open investigation.

Name of Person Requesting Report: _____Date of Birth of Decedent:_____
What is your relationship to the decedent? _____
Decedent's Name: _____ Date of Death: _____
Location of Occurrence: _____
STATUS OF REQUESTING PARTY (CHECK ONE):
1. PARENT OR GUARDIAN OF DECEDENT _____
2. AUTHORIZED REPRESENTATIVE/NEXT OF KIN OF DECEDENT _____
3. INSURANCE CARRIER _____
8. INTERESTED PARTY (SPECIFY) _____
Are there any juveniles involved in the report? Yes _____ No _____
****REASON FOR REQUEST (BE SPECIFIC)**:_____
_____

****DISCLAIMER****

All report requests MAY be reviewed by the Coroner prior to release

I declare under penalty of perjury that I am the party of interest as checked above:
SIGNATURE: X_____**DATE**: _____
Daytime phone #_____
Additional phone #_____
Email Address: _____
Mailing Address:_____
If for a business, name of business: _____

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Directions:

Please complete the open records request form and return to the following email address:

gldewrell@cherokeega.com

We appreciate your willingness to pay this invoice, your open records request will be processed and sent to you via email/mail.

Allow 3 business days from receipt of payment to gather the requested information.

Check or Money Order will be accepted.

If you have any questions, please contact the Coroner's office at 678-493-4136

**********OFFICE USE ONLY**********

Request Taken by:_____Date:_____
Release Authorized by:_____Date:_____
Report Released by:_____Date:_____