



Saskatchewan Coroners Service

**REQUEST FOR RECORDS**

To: **REGINA OFFICE** OR **SASKATOON OFFICE**  
1050, 2010 12<sup>th</sup> Avenue 3, 2345 Avenue C North  
Regina, Canada S4P 0M3 Saskatoon, Canada S7L 5Z5  
Email: coroner@gov.sk.ca Email: coroner@gov.sk.ca Fax:  
Fax: 306-787-5503 306-964-1896

**Details of Deceased & Records Being Requested (Please Print)**

Full Name of Deceased: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Your Relationship to Deceased: \_\_\_\_\_

Record(s) Being Requested:

- Report of Coroner
- Final Post-mortem Examination Report (Includes Pathologist & Toxicology Report)
- Toxicology Report Only
- Completion of Physician Statement from Insurance Company (Specify the name(s) of the Insurance Company below and enclose the Physician Statement(s) with this application)

\_\_\_\_\_  
(Name of Insurance Company)

\_\_\_\_\_  
(Name of Insurance Company)

The above records are available to the spouse, parents, children or siblings of the deceased, and/or the executor or administrator of the estate. At the discretion of the Chief Coroner, these records may be available to other individuals who can demonstrate that they have a legitimate interest and/or need for the information.

**Applicant Information (Please Print)**

Name: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: A statutory declaration must be completed and submitted along with this application if the applicant is a common-law spouse.**

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