



Jefferson Parish Forensic Center

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Gerry A. Cvitanovich, M.D.
Coroner

Accredited by
the National Association of
Medical Examiners

NEXT OF KIN REQUEST FOR RECORDS

Are you the Legal Next of Kin? ___ Yes ___ No

The following is a request to inspect, reproduce, and/or copy the public records of the Jefferson Parish Coroner's Office under LSA.R.S.44:1 et seq. Requests under this law are conducted during normal working hours of the office only. The following information is requested in compliance with the Public Records law so as to allow the Office of Coroner to respond in a timely and efficient manner under the law.

TYPE OF RECORD REQUESTED: _____

NAME OF DECEDENT/SUBJECT: _____

APPROXIMATE DATE OF DEATH/INCIDENT: _____

APPROXIMATE PLACE OF DEATH/INCIDENT: _____

APPROXIMATE AGE OF DECEDENT/SUBJECT: _____

NAME OF PERSON REQUESTING RECORDS: _____

(PICTURE ID REQUIRED)

RELATIONSHIP: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ AGE : _____ (AS PER LSA R.S. 44:32)

By my signature, I certify that this information is true and correct under penalty of law.

SIGNATURE: _____

DATE OF REQUEST: _____

In the event of any questions regarding the public record status of the documents sought, it is the policy of this office to honor or reject requests in writing under the public records law after review of the written request by counsel for the Office of the Coroner within three days, exclusive of Saturdays, Sundays and legal public holidays. No oral or telephone request will be honored under the law.

One (1) copy is provided free of charge to all legal next of kin and is for personal use only. It is not intended for legal and/or insurance purposes.

Please mail or Fax back to the Jefferson Parish Coroner's Office with a copy of your picture ID