

Madison County Coroner's Office
157 North Main, Suite 354
Edwardsville, Illinois 62025
Telephone: (618) 692-7478
Submit Completed Form to jmbrooks@co.madison.il.us OR
Fax: (618) 692-6042

Request For Records: In Accordance with Freedom of Information Act

I am requesting to _____ Inspect, _____ Copy (certify) the following public record (s):

Case Name: _____

Date of Death: _____ Case Number: _____

_____ Inquest Transcript.....	\$ 5.00 Per Page
_____ Investigation Report	\$ 25.00 Per Report
_____ Autopsy Report	\$ 50.00 Total
_____ Toxicology Report.....	\$ 25.00 Total
_____ Verdict Sheet	\$ 5.00 Total
_____ Photograph (s)	\$ 3.00 * Each

Will this be used for commercial or solicitation purposes? _____

Requestor Information:

Name: _____ Phone: _____
(Please Print)

Address: _____
(Street, City, State, & Zip Code)

Email Address: _____

Will documents be picked up, or do you want them mailed? _____
If mailed, to whom?

Name: _____ Phone: _____

Address: _____
(Street, City, State, & Zip Code)

(For Office Use Only)

Request Received By: _____

Date/Time Received: _____

Request Approved / Complied On: _____

Request Denied On / By: _____

Reason for Denial: _____
