

REQUEST FOR A COPY OF THE AUTOPSY REPORT

DATE: JANUARY 18, 2006
NAME: WILLIAM H. STROUSE
ADDRESS: 1014 NEW DAWN LANE
CITY/STATE: ODENTON, MD
ZIP CODE: 21113-2233
TELEPHONE: 410-672-5457

I am requesting a copy of the autopsy report of:

JOYCE B. SAUTER

DATE OF DEATH: OCTOBER 29, 2005
MY RELATIONSHIP TO THE DECEASED IS: ^{NEXT OF KIN}ADULT BROTHER
SIGNATURE: William H. Strouse

SEND THIS REQUEST TO:

REGIONAL MEDICAL EXAMINER OFFICE
ATTN: MEDICAL RECORDS
325 NORFOLK STREET
NEWARK, NJ 07103
973-648-7299

YOU WILL BE NOTIFIED WHEN THE REPORT IS AVAILABLE.

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