



Dr. Sonia M. Trevino  
Justice of the Peace  
Precinct 3 Place 1  
730 N. Breyfogle, Suite C  
Mission Texas 78574

File stamp w Initials

**Request for Copy of Autopsy Report**  
*(Solicitud de copia del informe de la autopsia)*

**Date of Request:** \_\_\_\_\_  
*(Fecha de Solicitud)*

**Name of person requesting information:** \_\_\_\_\_  
*(Nombre de Persona solicitando informacion)*

**Address:** \_\_\_\_\_  
*(Direccion)*

**City/State/Zip Code:** \_\_\_\_\_  
*(Cuidad/Estado/Codigo Postal)*

**Telephone:** \_\_\_\_\_  
*(Numero de telefono)*

**Name of Deceased:** \_\_\_\_\_  
*(Nombre del difunto)*

**Date of Death:** \_\_\_\_\_  
*(Fecha de muerte)*

**Relationship to deceased:** \_\_\_\_\_  
*(Relacion con el difunto)*

**Reason for request:** \_\_\_\_\_  
*(Razon de la solicitud)*

COPY OF VALID IDENTIFICATION

Information made available to:

X \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_