

**DECLARATION OF FAMILY
TO RELEASE COPIES OF
CORONER'S RECORDS AND REPORTS**

I, _____, hereby declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

1. I hereby request the release of copies of reports and records of autopsies or post mortems as permitted by RCW 68.50.105, pertaining to _____.
[Insert name of decedent]

2. I am the _____ of the above-named decedent.
[Identify whether you are the surviving spouse, child, parent, grandparent, grandchild, brother, sister, or guardian of the decedent at the time of death, or personal representative as defined in RCW 11.02.005].

3. I hereby authorize the Kitsap County Coroner to release of copies of reports and records of autopsies or post mortems to _____, whose address is _____.

DATED this _____ day of _____, 200__ in _____, Washington.

Name of Decedent's Family Member

Source: RCW 9A.72.085