



GERRY CVITANOVICH, M.D.
Coroner

Request for Public Records

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 to allow the Office of Coroner to respond in a timely and efficient manner under the law.

Type of Record Requested: _____.

THERE MAY BE A FEE ASSOCIATED WITH THE TYPE OF RECORDED REQUESTED

NAME OF DECEDENT: _____

APPROXIMATE DATE OF DEATH: _____

APPROXIMATE PLACE OF DEATH: _____

APPROXIMATE AGE OF DECEDENT: _____

NAME OF PERSON REQUESTING RECORDS: _____

(PICTURE ID REQUIRED)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE 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.

