



Franklin County Forensic Science Center

Office of the Coroner

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coroner.franklincountyohio.gov



Out of County (OOC) Permit

I HEREBY REQUEST:

Complete Autopsy with Toxicology External Examination with Toxicology

Out of County (OOC) Decedent Identification Form must be completed and accompany Out of County (OOC) Permit.

JUSTIFICATION FOR REFERRAL TO FCFSC FOR EXAMINATION

Identification of the body:

Name: _____ Sex: _____ Race: _____ Age: _____

Date of Death and Time: _____ Date of Birth: _____

Place of Death: _____

Who found the decedent? _____ Found When? _____

Next of Kin Name & Contact Information: _____

INFORMATION RELATED TO CIRCUMSTANCES OR REQUEST FOR EXAMINATION

Narrative (describe the circumstances surrounding patient's death):
Past Medical History:
Substance Use History:
Social History:
Current Medications:
Drugs/Paraphernalia/Weapons/Suicide Note Found at scene:

Was COVID Testing Completed? Y N

If 'Yes' what are the results: Positive Negative *Please include copy of results with permit.*

If 'No' and in the event that testing is completed, the resulting expense will be the responsibility of the referring county

Are medical records available? Y N

Are death scene photographs available? Y N

Is the Scene Report available? Y N

Law Enforcement Agency: _____ Will attend autopsy? Y N

Contact with preliminary results? Y N

Contact Phone #: _____

Email: _____

**Only government issued email will be permitted to receive preliminary results*

Printed Name of Coroner or designee ordering examination: _____

Signature of Coroner or designee ordering examination: _____