NOTE: Public Information Dockets are prepared with the information as specified in W.S. 7-4-105 (a), and are produced for release after case investigation and/or adjudication is completed. Case completion is subject to the policies, procedures, rules, and regulations as established by the Goshen County Coroner’s Office, Wyoming Board of Coroner Standards, and additional applicable Wyoming State Statutes.

Per W.S. 7-4-105 (a): I, the undersigned, request the Goshen County Coroner’s Office provide a copy of the Public Records Docket regarding:

Full Name of the Deceased: _______________________________________________________
Date of Death: ___________________________________________________________________

Requesting Party:
Name: _______________________________________________________________________
Address: _____________________________________________________________________
(Records will not be faxed or emailed)
Contact Number: ______________________________________________________________

Relationship to the decedent: ___________________________________________________
Purpose for requesting records: _________________________________________________
Requestor’s Signature: __________________________________________________________

Per W.S. 7-4-105 (m), “A person who knowingly or purposely uses the information in a manner other than the specified purpose for which it was released or violates a court order issued under subsection (g) of this section is guilty of a misdemeanor punishable by imprisonment for not more than six (6) months, a fine of not more than one thousand dollars ($1,000.00), or both.”

Form of Identification provided: _________________________________________________

Coroner/Deputy witnessing requestor’s identification ___________________ Date: __________