



**DARIN R YATES  
GOSHEN COUNTY CORONER**

PO Box 20

Torrington WY 82240

Phone: (307) 532-7001

Fax: (307) 532-7592

**Request For Records: Public Records Docket Copy**

*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: \_\_\_\_\_

RECEIVED \_\_\_\_\_