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**Request For Records: Public Records Docket**

*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 Natrona 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 Natrona County Coroner's Office provide a copy of the Public Records Docket regarding:

**(Records will not be emailed)**

Full Name of the Deceased: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Requesting Party: Name: \_\_\_\_\_  
 Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone 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."*

**\*\*Requesting parties are asked to provide a legal, official form of identification to accompany this request such as a photo ID.**

Form of Identification provided: \_\_\_\_\_

Coroner/Deputy witnessing requestor's identification: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY</b></p> <p>Date Records Sent _____</p>
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