

Delaware County Coroner's Office

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RECORDS REQUEST FORM

Today's Date	
Name of Requestor	
Street Address	
City	
State and Zip Code	
Mailing Address	
(if different)	
Telephone Number	
Information on	
Record Requested:	
(With as much specificity as	
possible, please describe	
what records you are	
requesting.	

Email requests to coroner@co.delaware.oh.us OR
Mail to Delaware County Coroner's Office
10 Court Street
Delaware Ohio 43015