

**Dauphin County Coroner's Office**  
**Attorney Photography Request**

Name of Requestor: \_\_\_\_\_

Law Firm: \_\_\_\_\_

Address of Requestor: \_\_\_\_\_

Phone Number of Requestor: \_\_\_\_\_

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Photography Requested (cost): *[Please check the appropriate line(s)]*

***(All photographs must be purchased)***

***Maximum charge for all photographs ordered at any one time (\$3,000.00)***

Scene Photographs: (\$20.00/photograph) \_\_\_\_

Autopsy Photographs: (\$20.00/photograph) \_\_\_\_

Signature of Requestor:

Date Signed:

\_\_\_\_\_

\_\_\_\_\_

Please send completed request to Dauphin County Coroner, 1271 S 28<sup>th</sup> Street Harrisburg, PA 17111. Payment must be made via **money order or check made payable to Dauphin County Treasurer.**

\*\*\*Please note when the "Photography Request" and payment are received by this office, the photographs will be mailed to the above listed address. Should your address change please inform the Coroners' Office immediately.

*Any questions please contact the Coroners' Office at (717) 564-4567*