

State of Arkansas



County of Lonoke
Office of Coroner

CORONER'S SUBPOENA

In reference to the following death occurring on or about the _____ day of _____ in
Lonoke County, Arkansas:

Decedent:

SAMPLE - DRAFT

Social Security Number:

Date of Birth:

To:

Phone/Fax:

Address:

Under the authority of Ark. Code Ann. Sec. 14-15-302 (2):

YOU ARE COMMANDED to produce at the time, date, and place set forth below legible copies of the following documents, electronically stored information, x-rays or other objects as described:

Date and Time to be Surrendered:

Acceptable method of providing requested documents:

Witness my hand and seal this _____ day of _____ .

Office of Lonoke County Coroner

P.O. Box 510

Cabot AR 72023

501-405-2381

SAMPLE - DRAFT - VOID

Mark A. Thomas, Lonoke County Coroner