



## ***Application Request***

**American Board of Medicolegal Death Investigators**

900 West Baltimore Street || Baltimore, MD 21223 || Email: [info@abmdi.us](mailto:info@abmdi.us)

Please visit the [registry webpage](#) and confirm you fit the criteria before sending in your application request form.

### **Please Print or Type Information**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone ( ) \_\_\_\_\_

Affiliation \_\_\_\_\_

Job Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Office phone ( ) \_\_\_\_\_

Fax number ( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Please send me all materials needed to immediately apply to become a Registered Medicolegal Death Investigator.

Enclosed is my \$50 Registry **NON- REFUNDABLE** application fee **OR**

Enclosed is my \$15 Replacement Application Packet fee **OR**

Enclosed is my \$100 Board Certification

**NON- REFUNDABLE** application fee

-NOTE: All application fees must be paid in U.S. Dollars.

The application fee can be paid by personal check or money order made payable to:

**American Board of Medicolegal Death Investigators (ABMDI).**

Or by credit card (check one)

MasterCard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_