American Board of Medicolegal Death Investigators, Inc.

NOTARIZED EMPLOYMENT VERIFICATION FORM

| Name of Applicant: | | |
|-----------------------------|---------------------------------|--|
| Title: | | |
| | | |
| This is to certify th | | |
| | | r a medical examiner/coroner |
| • | • | responsibility to independently pervise such investigations as |
| • | olicies and Procedures and w | • |
| | | |
| Verification Signature: | | |
| Position: | | |
| Employer: | | |
| | | |
| Phone Number: | | |
| Date: | | |
| | Checks may be made to verify in | formation. |
| | | |
| | | |
| | | |
| In witness whereof I have s | ubscribed my name and affixed | my official seal this |
| day of | (month), | (year) in the county of |
| | , | (state). |
| | | |
| | | |
| Name | Expiration | — Seal |
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