



# American Board of Medicolegal Death Investigators

## NOTARIZED EMPLOYMENT VERIFICATION FORM

Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

This is to certify that I, \_\_\_\_\_ verify that the above individual is **currently** working for a medical examiner or coroner office with the responsibility of investigating deaths for that jurisdiction.

Verification Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

*Checks may be made to verify information.*

In witness whereof I have subscribed my name and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year) in the county of \_\_\_\_\_, \_\_\_\_\_ (state).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Expiration

\_\_\_\_\_  
Seal