

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** employed by a medical examiner/coroner
jurisdiction or equivalent federal authority and have the responsibility of conducting
death scene investigations or supervising such investigations 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