



Application Request

American Board of Medicolegal Death Investigators

10104 Senate Drive, Suite 241|| Lanham, MD 20706 || Email: info@abmdi.us

Please visit the [registry webpage](#) and confirm you fit the criteria before sending in your application request form. You can also apply on the [ABMDI website](#).

Please Print or Type Information

Name _____

Home Address _____ Preferred address

City _____

State _____ Zip Code _____

Home phone () _____

Affiliation _____

Job Title _____

Address _____ Preferred address

City _____

State _____

Zip Code _____

Office phone () _____

Fax number () _____

E-mail _____

* REQUIRED FOR REGISTRY CERTIFICATION

I will meet the required 640 points for certification by:

Employment experience OR Combination of categories

- 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

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 _____