



MEDICAL EXAMINERS OFFICE
FOURTH MEDICAL EXAMINERS DISTRICT OF FLORIDA

RECORD OF IDENTIFICATION OF BODY

I, the undersigned, _____
(your name)

residing at _____

in the city of _____ State of _____ Zip Code _____,

Telephone No. _____

State:

That I am _____ of _____
(relation) (decendent)

That I have seen the photo/body at _____

(exact location)

I believe this person is _____
(decendent)

whose age was approximately _____ months/years at the time of death.

I last saw or heard from this person on _____
(date)

X _____

Witness: _____

Date _____ Time _____

Location _____