OFFICE OF THE CORONER,ROSS COUNTY OHIO

AFFIDAVIT OF IDENTIFICATION

Date/Time of I.D _____ / _____ Case# _____

Identified As: _____

Current or Last Known Address: _____

City: _____ State: _____ Zip: _____ Phone #: _____

Sex: _____ Race: _____ DOB: _____ Age: _____

Legal Next of Kin: _____ Relationship: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Work/MSG/Pager: _____

METHOD OF IDENTIFICATION

Visual (By) _____ Relationship _____

Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Work/MSG/Pager: _____

PROOF OF ABOVE:

DL#: _____ I.D. # _____

SSN#: _____ Other: _____

Signature

X _____

I have seen the decedent or a photograph and confirm the identity.

FINGERPRINTS: Livescan MCCO Dayton PD Other: _____

XRAY: Dental Extremity Other_____

Facility/Physician Confirming Identity: _____

IMPLANTABLE MEDICAL DEVICE:

Type of Device/Serial Number: _____

Facility/Physician Confirming Identity: _____

DNA: Mitochondrial DNA

Facility/Physician Confiminig Identity: _____

_____

Coroner Employee Completing Form