

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