



District IV Medical Examiner's Office

Serving Duval, Clay, Nassau, Hamilton, & Columbia Counties

RECORD OF IDENTIFICATION

I, the undersigned

Name: _____

Address: _____

Telephone #: _____

Affirm:

I am _____ of _____.
(relationship) (decendent)

I have positively identified the decedent via (initial one):

_____ Viewing a photograph of the decedent taken by the District IV Medical Examiner's Office.

Viewing the decedent in-person after his/her passing at the following address:

_____ Sarah L. Carter's Funeral Home, Inc. - Northside Chapel, 6665 New King Road 32219

(Facility name (if applicable), street address, city, state, zip code)

I believe this person is _____
(decedent's legal name)

whose age was approximately _____ at the time of his/her death.

I last saw, heard from, or had contact this person when he/she was alive on or about _____
(date)

_____ Witness: _____
(Signature) (Print & Signature)

Date: _____ Time: _____

2100 Jefferson Street
Jacksonville FL 32206
904.255.4000 (main office)

Accredited By:



www.coj.net
MEORecords@coj.net
904.630.0964 (facsimile)