



OFFICE *of the* MEDICAL INVESTIGATOR

ATTN: Albert Arocha/Morphology Department
1101 Camino de Salud NE
Albuquerque, NM 87102

Decedent's Last Name

Decedent's First Name

Date of Birth:

Decedent's date of death

Time Pronounced:

Date of Injury:

Legal Next of Kin Name

Legal Next of Kin Telephone Number

Legal Next of Kin Address

Referring Institution

Referring Physician

History