

ARKANSAS STATE CRIME LABORATORY

BODY SUBMISSION FORM

P.O. Box 8500
3 Natural Resources Drive
Little Rock, Arkansas 72215

Medical Examiner's Office
Phone: (501) 227-5936
Fax: (501) 221-1653

PLEASE COMPLETELY FILL IN FORM

PLEASE INDICATE WHICH OF THE FOLLOWING BEST DESCRIBES THE DEATH. IF NONE APPLY, PLEASE CALL THE ME'S OFFICE BEFORE COMPLETING THIS FORM.					
<input type="checkbox"/> CRIMINAL VIOLENCE	<input type="checkbox"/> DEATHS IN CUSTODY (NON-NATURAL)	<input type="checkbox"/> INTOXICATION	<input type="checkbox"/> SKELETONIZED REMAINS		
<input type="checkbox"/> INFANT/CHILD UNEXPECTED	<input type="checkbox"/> ACUTE WORKPLACE INJURY	<input type="checkbox"/> SUSPECTED DROWNING	<input type="checkbox"/> CHARRED BODIES		
<input type="checkbox"/> POLICE ACTION	<input type="checkbox"/> ELECTROCUTION	<input type="checkbox"/> UNIDENTIFIED BODIES	<input type="checkbox"/> VEHICULAR (WHEN NECESSARY FOR COD)		
NAME OF DECEASED:			POSITIVE ID BY:		
AGE:	RACE:	SEX:	DATE OF BIRTH:	SOCIAL SECURITY #:	
MARITAL STATUS:	<input type="checkbox"/> SINGLE	<input type="checkbox"/> MARRIED	<input type="checkbox"/> DIVORCED	NEXT OF KIN:	RELATIONSHIP:
	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> UNKNOWN			
Infectious Diseases: HIV? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown		HEPATITIS? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown		TUBERCULOSIS? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown	
DATE/TIME LAST SEEN ALIVE:		BY WHOM:		RELATIONSHIP:	
PLACE OF INCIDENT (Address):					
CITY:			COUNTY:		
INCIDENT OR FOUND ON DATE:			TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM		
POSITION FOUND:		FOUND BY:		LOCATION FOUND (e.g., bedroom):	
DATE/TIME PRONOUNCED DEAD: <input type="checkbox"/> AM <input type="checkbox"/> PM		BY WHOM:		TITLE:	
PLACE OF DEATH:		SAME AS DECEDENT'S ADDRESS? <input type="checkbox"/> Y <input type="checkbox"/> N		DECEDENT'S ADDRESS:	
INVESTIGATING AGENCY:			PERSON TO CONTACT FOR INVESTIGATIVE INFORMATION:		
ADDRESS:			DIRECT PHONE:		
CITY:			EMAIL ADDRESS:		
STATE:			AGENCY CASE #:		
ZIP:					
CORONER/DEPUTY (Include title):			DIRECT PHONE:		
			EMAIL ADDRESS:		
			AGENCY CASE #:		
LOCATION OF BODY TO BE PICKED UP:					
CONTRACTING FUNERAL HOME:					
IF KNOWN, RIGOR:		BODY TEMP:		AMBIENT TEMP:	
LIVIDITY:					
IF SUSPICIOUS DEATH, STATE REASONS:					
PAST MEDICAL HISTORY, MEDICATIONS, PRIMARY CARE PHYSICIAN:					
SUMMARY OF CIRCUMSTANCES (Use additional paper if necessary):					
NAME OF OFFICER (Print):			TITLE:		SIGNATURE: