



Franklin County Forensic Science Center

Office of the Coroner

Dr. Anahi Ortiz

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coroner.franklincountyohio.gov



Out of County (OOC) Decedent Identification Form

This decedent identification form must be completed by Coroner or designee of the referring county and included with the Out of County (OOC) Permit.

Coroner or designee (print name): _____

Referring County: _____

To the best of my knowledge, the remains brought to the Franklin County Forensic Science Center, Office of the Coroner, are those of:

Last Name:	First Name:	Middle Name/Initial:	Date of Birth:
How was positive identification completed:			
Address:			
City:	State:	Zip Code:	Country:

By my signature below I certify that, pursuant to R.C. 313.08, a reasonable attempt to identify the remains brought to the Franklin County Forensic Science Center, Office of the Coroner has been or will be conducted using all means available and through those means it was determined the remains are those of the above named individual.

Next of Kin:			
Address:			
City:	State:	Zip Code:	Country:

Additionally, I certify that pursuant to R.C. 313.14 reasonable efforts to notify next of kin have been made and ultimate responsibility for disposition of the remains and any personal effects of the remains will be the responsibility of the above identified referring county's Coroner to determine disposition.

Signature of Coroner or designee

Date