



OHIO STATE CORONERS ASSOCIATION

3757 Indianola Ave. * Columbus, OH 43214-3753 * 614.262-OSCA * Fax 614/784-9771

OHIO CORONER & MEDICAL EXAMINER BIOGRAPHICAL DATA UPDATE

Coroner: _____

Last Name

First Name

MI

DO or MD

First Year Appointed/Elected as Coroner or ME: _____ Political Party: _____ County: _____

Mailing Address:

City: _____ State: _____ Zip: _____ Cell: _____

Telephone: Coroner/ME Office: _____ Fax: _____

Practice: _____ Fax: _____

E-mail: _____ Website: _____

VERY IMPORTANT

Spouse or Significant Other's Name: _____ No. of Children: _____

Private Practice Specialty: _____

Undergraduate Degree: _____ Year: _____ School: _____

Medical Degree: _____ Year: _____ School: _____

Other Degrees/Board Certifications: _____

Medical Association Memberships: _____

Civic Organization Memberships: _____

Other organizations you are a member of:

NAME IACME AMBDI AARS ACFEI Other _____

TV Stations in your area: _____

Newspapers serving your area: _____

Interests (Reading, computer, golf, etc.): _____

Honors/Awards/Other: _____

Coroner's Office Key Personnel

Chief Deputy Coroner: _____ Phone _____

Investigator: _____ Phone _____

Assistant: _____ Phone _____

Signed _____ Date _____