

OSCA

CORONER STAFF ROSTER UPDATE

(Deputy Coroner, Pathologist, Investigator, Administrative Assistant, etc.)

ADD the following individual(s) to the Staff Roster. **Please: type or print** clearly:

Name: _____ Title: _____
First MI Last (i.e., Deputy Coroner, Pathologist, Investigator, etc.)

County: _____ E-mail: _____

Street Address:(to be listed in Roster) _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
Area code ext.

Name: _____ Title: _____
First MI Last (i.e., Deputy Coroner, Pathologist, Investigator, etc.)

County: _____ E-mail: _____

Street Address:(to be listed in Roster) _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
Area code ext.

Name: _____ Title: _____
First MI Last (i.e., Deputy Coroner, Pathologist, Investigator, etc.)

County: _____ E-mail: _____

Street Address:(to be listed in Roster) _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____
Area code ext.

Make additional copies as needed.

Authorized by: _____ **Date:** _____

OSCA

CORONER STAFF ROSTER UPDATE

(Deputy Coroner, Pathologist, Investigator, Administrative Assistant, etc.)

Please **DELETE** the following staff member(s) from the Staff Roster

County: _____

Name: _____ Title: _____
First MI Last (i.e., Deputy Coroner, Pathologist, Investigator, etc.)

Name: _____ Title: _____
First MI Last (i.e., Deputy Coroner, Pathologist, Investigator, etc.)

Name: _____ Title: _____
First MI Last (i.e., Deputy Coroner, Pathologist, Investigator, etc.)

Name: _____ Title: _____
First MI Last (i.e., Deputy Coroner, Pathologist, Investigator, etc.)

Name: _____ Title: _____
First MI Last (i.e., Deputy Coroner, Pathologist, Investigator, etc.)

Name: _____ Title: _____
First MI Last (i.e., Deputy Coroner, Pathologist, Investigator, etc.)

Authorized by: _____ Date: _____

Make additional copies as needed.