



Please complete application and mail to:

American Board of Medicolegal Death Investigators
1402 South Grand Boulevard, R512
St. Louis, MO 63104
Email: abmdi@slu.edu

Please visit the [registry webpage](#) and confirm you fit the criteria before sending in your application request form.

Please Print or Type Information

Name_____

Home Address_____

City_____

State_____ Zip Code_____

Home phone ()_____

Affiliation _____

Address_____

City_____

State_____ Zip Code_____

Office phone ()_____

Fax number ()_____

E-mail _____

Please send me all materials needed to immediately apply to become a Registered Medicolegal Death Investigator.

- Enclosed is my \$50 Registry **NON- REFUNDABLE** application fee **OR**
- Enclosed is my \$15 Replacement Application Packet fee **OR**
- Enclosed is my \$100 Board Certification **NON- REFUNDABLE** application fee -

NOTE: All application fees must be paid in U.S. Dollars. The application fee can be paid by personal check or money order made payable to:

American Board of Medicolegal Death Investigators (ABMDI).
Or by credit card (check one)

Master Card Visa American Express

Card number_____ Expiration Date_____