



# Application Request

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](mailto: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 \_\_\_\_\_

Job Title \_\_\_\_\_

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 \_\_\_\_\_