

OFFICE OF THE CORONER

PERSONAL EFFECTS FORM

DATE: _____

I hereby acknowledge receipt of the following property listed below removed from the person of decedent:

	Name:	DOB:	DOD:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

Transferred To:

Name (print) _____

Signature _____

Date/Time _____

Coroner Representative Making Transfer:

Name (print) _____

Signature _____

Date/Time _____

The Louisiana Driver's License, if applicable, will be retained by this Office for forwarding to the State of Louisiana Department of Public Safety, as required by Law.