Department of Public Safety and Correctional Services

MEMORANDUM

To: _____, Director of the CJIS – Central Repository

From: _____, Warden

Subject: Post-Mortem Fingerprint Card Submission

Date: _____

Please find the attached original post-mortem fingerprint card for the following individual:

Name: _____

DOB: _____

DOD: _____

SID: _____

Correctional Facility: _____

Location of Death: _____

CC w/o copy of attachment: Serious Incident Report
CC w/ copy of attachment: Case Management Case Record