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ATTACH TO DECEASED'S TOE

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DATE ..... TIME .....  
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CONTACT .....  
COMMENTS .....  
SIGNATURE OF AUTHORIZED PARTY .....

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CITY OF NEW YORK  
DEPARTMENT OF HEALTH  
OFFICE OF CHIEF MEDICAL EXAMINER

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Print, Cut out, Punch Hole, Tie string through hole, Fill in, Mail.  
These will fit loosely in any US A6 envelope (can be found at any office supply shop)

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