

VI. DMORT FORMS

Forms in this Unit are applicable to DMORT disaster response. All DMORT forms fall within the 600 series numbering sequence of HHS forms. Forms included in this Unit are:

- HHS-600 Team Member Data
- HHS-601, Record of Training
- HHS-602, Record of Activation into Federal Service
- HHS-603, After Action Review
- HHS-620, Certificate of Death
- HHS-621, Release of Copyright
- HHS-622, VIP Program Personal Information Questionnaire
- HHS-623, Radiograph Findings
- HHS-624, External Preparation/Embalming Case Report
- HHS-625, Embalming Classification of Human Remains
- HHS-626, Victim External/Autopsy Examination
- HHS-627, Itemized Listing Personal Effects Discovered on Victim
- HHS-628, Release of Human Remains
- HHS-629, Chain of Custody
- HHS-630, Victims Records/Information Status Report
- HHS-631, Sample/Letter, Official Notification to Next of Kin Regarding Positive Identification of Victim
- HHS-632, Release Authorization (INC/HP)
- HHS-633, Release Authorization (C/HR)
- HHS-634, Declaration of Positive Identification of Disaster Victim
- HHS-635, Telephone Documentation of Notification of Next of Kin Regarding Positive ID
- HHS-636, Release of Personal Effects
- HHS-637, WIND2 Master Legend
- HHS-638, Ante Mortem Dental Records
- HHS-639, Post Mortem Dental Record
- HHS-640, Positive Dental ID Summary

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TEAM MEMBER DATA, HHS - 600

Purpose

This report lists individual informational data for all personnel assigned to an incident.

Preparation

The report will be filled out by the individual and verified by the Team Leader.

Distribution

The HHS form 600 will be forwarded to the appropriate HHS personnel manager for use as a registration and payment documentation.

Team Member Data

(1) Date: _____

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(2) _____
Last Name *First Name* *Middle*(3) Home Address: _____
Street/PO Box *City* *State* *Zip*

(4) List your email address if applicable: _____

(5) County of Residence: _____ (6) Date of Birth: _____ (7) Age: _____

(8) Place of Birth: _____

(9) Race: _____ (10) Sex: _____ (11) Marital Status: _____
City *State* *County*

(12) Spouse Name: _____

(13) Do You wear contact lenses: Yes No

(14) Who to contact in the event of emergency:

1st Contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____

2nd Contact

Name: _____ Relationship: _____

Address: _____ Phone: _____

(15) Have you ever been finger printed: Yes No(16) What is your blood type (*Voluntary*) _____ Unknown(17) Are you a U.S. Citizen: Yes No

(18) List phone number where you can best be reached:

Daytime

Night time

Weekends

(19) Employer:

Name

Address

Phone

Fax: _____

(20) Team member should attach current photo here

(21) DMORT Leader should attach a photocopy of front and back of NDMS issued ID card here.

(22) A photocopy of license or certification should be attached to this form.

(23) What is your DMORT Primary Expertise: _____

(24) Of the following skills check the appropriate box(s) of the skill you feel you have at least an average or above amount of skill. These are considered your secondary expertise.

- | | | |
|---|---|---|
| <input type="checkbox"/> Funeral Director | <input type="checkbox"/> Embalmer | <input type="checkbox"/> Ordained Minister |
| <input type="checkbox"/> Lay Minister | <input type="checkbox"/> Carpenter | <input type="checkbox"/> Two way radio operator |
| <input type="checkbox"/> Ham Radio Operator | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Fire Service |
| <input type="checkbox"/> General Photography | <input type="checkbox"/> Evidence Collection | <input type="checkbox"/> Finger Printing |
| <input type="checkbox"/> Crime Scene Photography | <input type="checkbox"/> Autopsy Assistant | <input type="checkbox"/> Toxicology Specimen Collection |
| <input type="checkbox"/> Writing a Computer Program | <input type="checkbox"/> Death Scene Investigation | <input type="checkbox"/> Professional Typing |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Secretarial | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> Autopsy Report Transcription | <input type="checkbox"/> Completion of Death Certificates | <input type="checkbox"/> Computer Data Entry |
| <input type="checkbox"/> Office Management | <input type="checkbox"/> Advanced Medical EMT/Paramedic | <input type="checkbox"/> Media Information Experience |
| <input type="checkbox"/> Hospitality (Catering) | <input type="checkbox"/> Video Taping | <input type="checkbox"/> Mapping & Compass/Navigation |
| <input type="checkbox"/> Combat Experience | <input type="checkbox"/> Licensed Aircraft Pilot
License Classification: _____ | |
| <input type="checkbox"/> Telephone Operator | <input type="checkbox"/> Psychology/Counseling | <input type="checkbox"/> Critical Incident Stress |
| <input type="checkbox"/> Purchasing/Procurement | <input type="checkbox"/> Drawing & Sketching | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Auto Mechanics | <input type="checkbox"/> Computer Repair | <input type="checkbox"/> Anthropology Assistant |
| <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> X-Ray Operation | <input type="checkbox"/> Back Hoe Operator |
| <input type="checkbox"/> Fork Lift Operator | <input type="checkbox"/> Wrecker Operator | <input type="checkbox"/> Boom Truck Operator |
| <input type="checkbox"/> Eye Glasses Description | <input type="checkbox"/> Refer Trailer Operation | <input type="checkbox"/> Heavy Equipment Operator |
| <input type="checkbox"/> Clothing Descriptions | <input type="checkbox"/> Jewelry Descriptions | |
| <input type="checkbox"/> Semi Truck Licensed Operator, What is your CDL classification? _____ | | |
| <input type="checkbox"/> Language(s) Interpreter : _____
List languages you can speak other than English | | |
| <input type="checkbox"/> Funeral or burial customs in other countries: _____
List countries | | |

(25) List any other equipment you can operate or skills you possess that may be beneficial in the mortuary operation at a disaster.

List additional information on back of this page

(26) Signed: _____ Date: _____
Team Member

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TEAM MEMBER DATA, HHS 600

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Date	Enter the current date of the form completion.
2	Name	Enter last name, first name and middle initial.
3	Home Address	List address, street, city, state and zip code.
4	E-mail	List your current email address.
5	County of Residence	Show the county in which you reside.
6	Date of Birth	Show date born mm/dd/yy.
7	Age	Show age at last birthday.
8	Place of Birth	Show city, state and county where born.
9	Race	Show ethnic race.
10	Sex	List sex (M) or (F).
11	Marital Status	Show married or single.
12	Spouses Name	List the name of spouse or partner.
13	Contact lenses worn	Answer yes or no.
14	Emergency contact	List name, address, relationship and telephone number of two emergency contacts.
15	Finger print	Answer yes or no to the question.
16	Blood type	List you blood type if known (e.g. O rh +).
17	Citizenship	Are you a United States citizen, yes or no.
18	Telephone	List both daytime and night telephone numbers.
19	Employer	List name, address and telephone number of current employer.
20	Photo	Attach a current photo.
21	Identification	Attach a photocopy of front and back of NDMS Identification card.
22	License or certification	Attach a current copy of license or certification.
23	DMORT Primary Expertise	List your primary expertise here.
24	Secondary Expertise	Check the appropriate boxes for those areas of secondary skill levels.
25	Equipment/experience	List other equipment you can operate or skills that you have.
26	Signature	Sign and date form.

VI. DMORT FORMS

RECORD OF TRAINING, HHS-601

Purpose

Documents individual training records of DMORT personnel.

Preparation

This form is to be completed by the team member who attended the training.

Distribution

Provided to the DMORT Leader who will insert it into the team member's DMORT Personnel File.

Record of Training

(1) Name: _____ (2) DMORT Team Region # _____
Team member

(3) Title of course: _____ (4) Date(s) of Course _____

(5) Location of course: _____

(6) Total contact hours: _____

(7) Course instructor(s): _____

(8) Course contact person for additional information: _____
Print Name

Phone: (____) _____

(9) List topic(s) presented or attach a course brochure

(10) Write a brief overview of what was taught in the training and how you believe it will help your DMORT disaster response capabilities.

(11) I certify that I attended the above course: _____ Date: _____
Team Member

(12) I have verified attendance: _____ Date: _____
DMORT Leader

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RECORD OF TRAINING, HHS - 601

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Name	List name, last name, first name middle initial.
2	DMORT Team Region	List the region where DMORT is based.
3	Title of course	List the specific course title (e.g. Intermediate ICS, I-300).
4	Date(s) of course	List the starting date of the training course.
5	Location of course	List the location where the course was conducted (e.g. Las Vegas, NV).
6	Total contact hours	Show the number of hours to complete the course.
7	Course Instructors	List instructor(s).
8	Course contact person	List a contact for the course including telephone number for verification.
9	List topics presented	List topics covered in the course.
10	Overview	Provide a brief overview of what the course was about.
11	Certification	Signature of the DMORT member certifying attendance.
12	DMORT Leader verification	Signature of DMORT Leader verifying attendance.

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RECORD OF ACTIVATION INTO FEDERAL SERVICE, HHS - 602

Purpose

The HHS-602 provides verification of employment and an evaluation of individual performance while assigned to an incident.

Preparation

This form is to be completed by the DMORT Leader.

Distribution

The completed form is placed into the DMORT member's Personnel File as a permanent record of performance and experience.

Record of Activation into Federal Service

(1) Name: _____

(2) Primary Expertise: _____

(3) NDMS Classification: _____

(4) Incident: _____ Date Occurred: _____

(5) Location of Incident: _____

(6) Dates of Federal Service:

Activated into Federal Service on _____
Month Day Year

Returned home from Federal Service on _____
Month Day Year

Total days on Federal Service Duty _____

(7) *Special notes or evaluation of team member:*

This form is to be completed by the DMORT Leader and inserted into the DMORT Team Member's Personnel File

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RECORD OF ACTIVATION INTO FEDERAL SERVICE, HHS - 602

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Name	List name, last, first, middle initial.
2	Primary Expertise	List the primary area of expertise the employee performed while assigned.
3	NDMS Classification	List the current NDMS/DMORT classification.
4	Incident and Date	List the name of the incident (e.g. Egypt Air 880) and the starting date of the assignment.
5	Location of Incident	Show the geographic location of the incident.
6	Dates of Federal Service	Show the inclusive dates of the assignment and the total number of dates activated.
7	Special notes or evaluation of team member	Complete a narrative of strengths, weakness and areas that the employee needs to improve performance.

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AFTER ACTION REVIEW, HHS - 603

Purpose

This form provides a format for the DMORT After Action Review and the mechanism for Team leadership to document After Action Review issues.

Preparation

This report should be completed by the DMORT members as directed by the DMORT Leader.

Distribution

Copies should be distributed to the DMORT Leader for use in the Phase I and II After Action Reviews.

After Action Review

Suggested Format

(1) Incident: (Write a brief overview of the incident, what, when, where)

(2) Your Team Actions (Write a brief overview of your team's activities at the incident)

(3) Suggestions, problems or ideas for improvement of the operational activities

(4) This report submitted by: _____ Date: _____
DMORT Leader

This report should be completed by Team members and submitted to the DMORT Leader for use in the Phase I and II After Action Reviews. Please attach any copies of photos or other documentation of activity you feel is important.

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AFTER ACTION REVIEW, HHS - 603

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident	Write a brief overview of the incident, what, when, where, and why.
2	Your Team Actions	Write a brief overview of your team's activities and actions at the incident.
3	Suggestions	List problems or ideas for improvement of the operational activities. Discuss what went well as well as what needs to be improved.
4	This report submitted by	The form should be signed and dated by the Team Leader completing the information.

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CERTIFICATE OF DEATH, HHS - 620

Purpose

This provides a DMORT record of actions and case completion.

Preparation

A blank copy of a local jurisdiction's death certificate should be attached to HHS-622 "Victim Personal History Identification Form" for use at the Family Assistance Center.

Distribution

The Family Assistance Center should be advised to have the interviewers complete the appropriate sections of this certificate form during the family interview and return it to the section of the morgue operations that will be formulating an original Death Certificate.

(1) MRN: _____

Certificate of Death

(2) A blank copy of a local jurisdiction's death certificate should be attached to HHS-623 "Victim Personal History Identification Form" for use at the Family Assistance Center. The Family Assistance Center should be advised to have the interviewers complete the appropriate sections of this certificate form during the family interview and return it to the section of the morgue operations that will be formulating an Original Death Certificate.

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CERTIFICATE OF DEATH, HHS - 620

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	MRN	List the assigned Morgue Reference Number (MRN).
2	Death Certificate copy	A blank copy of a local jurisdiction's death certificate should be copied and attached.

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RELEASE OF COPYRIGHT, HHS - 621

Purpose

The form provides a release of photographic information to the assigned DMORT.

Preparation

The photographer or videographer completes the form.

Distribution

The form will be maintained in the DMORT incident files.

Release of Copyright

(1) I _____ being assigned to the position of

Print Name of Appointee

Photographer or Videographer, do hereby **forever release** all photographs or videotapes and all negatives and video footage shot by me during the disaster incident known as (2) _____.

Name and location of disaster incident

Upon my signature I hereby release any and all claims of copyright to the above mentioned material and understand these materials are to be turned over to the appropriate DMORT official and will be maintained under the custody of the DMORT system.

(3) Signed: _____ Date: _____ Time: _____
Name of Appointee

(4) Witness: _____
DMORT Official

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RELEASE OF COPYRIGHT, HHS - 621

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Name of Appointee	Legibly print the name of the photographer.
2	Name and location of disaster incident	List the incident name and geographic location.
3	Signed	Sign and date the form as the photographer.
4	Witness	Signature of a DMORT witness.

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VIP PROGRAM PERSONAL INFORMATION QUESTIONNAIRE, HHS - 622

Purpose

Provides a format for the complete documentation of all victim information.

Preparation

Complete all lines with information. If information is NOT APPLICABLE enter NA in that space, if the information is Unknown enter UNK, it is important that each space is marked since this will illustrate to the Information Resource Center you did not overlook the question.

Distribution

The form is transferred to the Information Resource Center where it is filed for reference and use in determining presumptive identifications.

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VIP PROGRAM PERSONAL INFORMATION QUESTIONNAIRE, HHS - 622

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	First/MI/Last Name	List the victim's first name, middle initial, and last name.
2	Male/Female	Mark the appropriate gender.
3	Address	List the victim's complete address including apartment number.
4	Phone (H)	List the victim's home telephone number including area code.
5	Phone (W)	List the victim's work telephone number including area code and extensions.
6	City, State, Zip	List the city, State and six-digit ZIP code of the victim.
7	Res County	List the county of residence of the victim.
8	Address Country	List the country of residence of the victim.
9	Phone	List any additional telephone numbers that may be helpful.
10	Traveling as:	Mark the appropriate circle if victims was traveling alone, with other family members or with an organized group, i.e. tour, church, club, etc.
11	Live Inside City Limits	Mark appropriate circle regarding residence of victim.
12	Hispanic	Mark appropriate circle regarding family origin.
13	Social Security Number	List the nine-digit social security number of the victim.
14	Age	List the age of the victim in years.
15	Date of Birth	Enter the age of the victim in years.
16	Purpose of Travel	Mark appropriate circle regarding the reason for travel.
17	Name of Group	Enter the name of the group with which the victim was traveling, if appropriate.
18	Spouse F/M/Last Name	Enter the first, middle, and last name of the spouse of the victim.
19	Spouse Status	Enter living or deceased status of the spouse as appropriate.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
20	Marital Status	Enter the appropriate status of the spouse, married, widowed, or divorced.
21	Wedding Date	Enter the mm/dd/yy of wedding.
22	Spouse Birth Name	Enter the name of the spouse at the time of birth. (If wife, list maiden name.)
23	Father F/M/Last Name	Enter the first, middle, and last name of the father of the victim.
24	Father Status	Enter status of the father, i.e. living or deceased.
25	Mother F/M/Last Name	Enter the first, middle, and last name of the mother of the victim.
26	Mother Status	Enter status of the mother, i.e. living or deceased.
27	Mother's Birth Name and Citizenship	Enter mother's name at time of birth and all countries of citizenship.
28	Alias F/M 1	Enter the first and middle alias name of the victim.
29	Last Name 2	Enter last alias name of the victim.
30	Alias Source 1/2	Enter the source of information concerning the alias's name.
31	Birth Date	Enter the mm/dd/yy of birth of victim.
32	Birth Hospital	Enter the name of the hospital where the victim was born.
33	Phone	Enter the telephone number of the birth hospital.
34	Birth Hospital Address	Enter the street address, city, state, ZIP code, and country of the birth hospital.
35	Informant F/M/Last Name	Enter the first, middle, and last name of the person providing this information to the DMORT representative.
36	Address	Enter the street address, city, state, ZIP code and country of the informant.
37	Informant phone/On Site Phone	Enter the informant's home telephone number and the number where they can be reached on site.
38	Relationship	Mark the circle that best describes the relationship of the informant to the victim. If Other is checked, provide an explanation.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
39	Address	Enter the street address, city, state, ZIP code and country of the second informant.
40	Informant 2 phone/On Site Phone	Mark the circle that best describes the relationship of the second informant to the victim. If Other is checked, provide an explanation.
41	Legal Next of Kin/PN	Enter the full name and telephone number of the legal next of kin of the victim.
42	Address	Enter the street address, city, State, and ZIP code of the legal next of kin.
43	Interview Date	Enter the mm/dd/yy and time this interview is taking place.
44	Interviewer F/M/Last Name	Enter your full name.
45	Interviewer Address	Enter your complete street address, city, State, and ZIP code.
46	Interviewing Organization	Enter the organization you represent for this interview.
47	Interviewer Phone	Enter the telephone number where you can be reached at a later date.
48	Interview Location	Enter the street address, city and State where this interview takes place.
49	First Name/MI/Last Name	Enter the full name of the victim.
50	Male/Female	Mark the appropriate gender.
51	Dentist Name	Enter the name of the victim's dentist.
52	Address	Enter the street address, city, State, and ZIP code of the victim's dentist.
53	Phone	Enter the telephone of the victim's dentist, including area code.
54	Various dental terms	Enter any and all terms that apply to the victim.
55	Dental Other	Indicate any other dental characteristics that might apply to the victim.
56	Dentist 2	Enter the name of a second dentist the victim may have had.
57	Address	Enter the street address, city, State, and ZIP code of the second dentist.
58	Phone	Enter the telephone of the victim's second dentist, including area code.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
59	Attending Physician	Enter the full name of attending physician.
60	Attending Address	Enter the full address and trephine number of the attending physician.
61	Medical X Rays?	Mark the appropriate circle.
62	Medical X Ray Location	Enter the name and address where X Rays may be located.
63	Medical X Ray Description	Enter description of what X Rays might cover.
64	Objects in Body	Mark the appropriate boxes.
65	Old Fractures?	Mark the appropriate box. If other, explain.
66	Old Fracture Description	Describe any and all old fractures.
67	Surgery	Mark the appropriate boxes. If other, explain.
68	Scars	Mark the appropriate circle and provide descriptions, including drawings or pictures or any birthmarks, missing organs, amputations, deformities, or special features concerning the victim.
69	Prosthetic	List any artificial limbs.
70	Prints on File	Mark the appropriate box.
71	Prints Located	If prints were taken, enter where they may be obtained.
72	Employer and address	List the complete name of the employer, division, and complete address and telephone number.
73	Special Tools Carried	List any special tools carried when working.
74	First/MI/Last Name	List the victim's first name, middle initial, and last name.
75	Description	Indicate the height and weight on the appropriate line.
76	Estimated Wt Pounds	Mark the circle that indicates the victim's weight range.
77	Build	Mark the circle that indicates the victim's build type.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
78	Race	Mark the circle that indicates the victim's race.
79	Eyes	Mark the circle that indicates the victim's eye color.
80	Hair color	Mark the circle that indicates the victim's dominant hair color.
81	Other hair color	Indicate any additional hair color.
82	Hair length	Mark the circle that indicates over all hair length.
83	Hair length CM	Indicate hair length in CMs.
84	Hair Colored	Mark the appropriate circle regarding applied hair coloring.
85	Color	If coloring was applied to victim's hair, give color name/brand.
86	Hair Style	Enter common hairstyle of victim.
87	Hair Accessory	Mark appropriate circle concerning victim's hair.
88	Purchased At	If victim's hair is a wig, toupee, or hairpiece, where was the item purchased? If victim's is a transplant procedure, provide name and address where procedure was done.
89	Facial Hair Color	Mark the circle that best describes the victim's facial hair.
90	Facial Hair Type	Mark the circle that best describes victim's facial hair type.
91	Facial Hair Style	Mark the circle that best describes victim's facial hairstyle.
92	Dominant Hand	Mark the circle that best indicates which hand the victim used most often.
93	Ear Lobes	Mark the circle which indicates whether lobes were attached or unattached.
94	Fingernail Type	Mark the appropriate circle indicating natural (victim's own) or artificial (nails attached over natural nail).
95	Length	Mark the circle that indicates length of nails.
96	Color	Enter color of nails. If possible, provide brand name.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
97	Characteristics	Mark the circle which best describes the victim's fingernails.
98	Toenail Length	Mark the circle which best indicates the length of victim's toenails.
99	Color	Enter color of toenails. If possible, provide brand name.
100	Toenail Characteristics	Mark the circle which best describes the victim's toenails.
101	Complexion	Mark the circle that best describes the victim's skin complexion.
102	Tan Mark Description	Describe any tan marks that appear on the victim's body.
103	Circumcision	Check the appropriate circle. (Meaning to cut off the prepuce of males or the internal labia of females.
104	Religious Orientation	Indicate victim's religion.
105	If Christian	Mark circle indicating if victim was wearing a coptic cross.
106	Medicines Carried	List any medication which victim was carrying and pharmacy that may have been used.
107	Blood Type	Mark the circle that indicates the blood type of the victim.
108	Optical	Mark the circle that applies to the victim.
109	Glasses Description	If glasses were used by victim, enter a description and if possible where they were purchased.
110	Medic Alert	Mark the circle and indicate if it was a necklace or bracelet type medic alert.
111	Inscription	Indicate any inscriptions that appeared on the medic alert.
112	Tattoo	Mark the circle regarding tattoos on any part of the victim.
112	Tattoo Photos	Mark the appropriate circle.
114	Tattoo Photo Location	List the location of any photos that might show tattoos of victim.
115	First/MI/Last Name	List the victim's first name, middle initial, and last name.

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116	Clothing	Enter color, size style, material, and manufacture of victim's appropriate clothing.
117	Belt Buckle Description	Enter complete description of belt buckle, color, material, etc.
118	Belt Buckle Inscription	Enter any inscription that appears on the victim's belt buckle.
119	Dry Cleaning Marks Description	Enter any dry cleaning marks that might be on clothing of victim.
120	Laundry Marks Description	Describe any laundry marks that might be on clothing of victim.
121	Tobacco Smoker	Mark correct circle if victim was or was not a smoker.
122	Tobacco Product	Mark the correct circle of type of tobacco product used by victim.
123	Tobacco Brand	Enter all name tobacco brands used by victim.
124	What Fingers Stained	Indicate which fingers may be stained from tobacco use.
125	Alcohol/drug Habits	Enter all types of alcohol/drugs used by victim.
126	First Name/MI/Last Name	Enter the full name of the victim.
127	Ankle Bracelet	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item.
128	Bracelet	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item.
129	Ear Rings	Mark appropriate circle and indicate multiple ear rings per ears and indicated if ear rings were pierce or clip type.
130	Body Piercing Type	List type of body piercing.
131	Cuff Links	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on items.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
132	Body Piercing Location	List locations of any body piercing on victim.
133	Watch Brand	Enter name brand of watch and place of purchase if possible.
134	Band Type/Color	Enter band material/type and color.
135	Watch	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item.
136	Watch Worn	Mark appropriate circle.
137	Necklace	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item.
138	Religious Medal	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item.
139	Tie Clip	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item.
140	Money Clip	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item.
141	Key Ring	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item. Also obtain number of keys on key ring.
142	Lighter	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item. Obtain name brand of lighter.
143	Wallet	Mark appropriate circle and provide a description including photos or drawings, color, type, material and list contents.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
144	Purse	Mark appropriate circle and provide a description including photos or drawings, color, type, material, name brand and contents.
145	First/MI/Last Name	Enter the full name of the victim.
146	Wedding Ring	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item. If possible, list place of purchase.
147	Engagement	Mark appropriate circle and provide a description including photos or drawings and any inscription that might be engraved on item. If possible, list place of purchase.
148	Size	List ring sizes.
149	Ring Metal	List type of metal for each ring.
150	# Rings	Mark the appropriate circle with correct ring size.
151	Number of Stones	List the number of stones for each ring.
152	Stone Color	Mark the appropriate circle with color of stones in rings.
153	Additional Rings Description	List and describe any additional rings worn by the victim.
154	Additional Rings Inscription	List any inscriptions on any additional rings worn by the victim.
155	Misc Jewelry Description	Describe any additional jewelry worn by the victim.
156	Other Personal Effects	List any other personal effects that may have been on the victim.
157	Green Card?	Mark appropriate circle.
158	Ever in Armed Forces?	Mark appropriate circle.
159	Military Branch	List branch of service, i.e. Air Force, Army, Navy, Marines, Coast Guard.
160	Military Service Number	List military service number.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
161	Nation Served	Enter the country where victim served in military.
162	Approximate Service Date	Indicate dates which victim served in military.
163	Highest Educ Level Elem/Second (0-12)	Indicate the highest-grade level that the victim completed in elementary/secondary (0-12) and college (1-5+).
164	ID Card issued in what locale?	List the city, State and country where the ID card was issued.
165	First/MI/Last Name	Enter full name of victim.
166	DNA From	Check box as to which relative donated DNA for victim ID.
167	DNA From Other	List any other persons who donated DNA for victim ID.
168	Additional Data	List any additional information or clarify any previous section. Be sure to reference additional information to the correct section using numbers or letters.

VI. DMORT FORMS

RADIOGRAPH FINDINGS, HHS - 623

Purpose

The form provides a format for the documentation of significant radiographic findings to aid in victim identification at the emergency/disaster scene.

Preparation

The form is completed by the attending radiologist.

Distribution

The information on the form is retained as part of the permanent records and information is forwarded to the Information Resource Center.

VI. DMORT FORMS

RADIOGRAPH FINDINGS, HHS - 623

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Significant findings	After examination of the above radiographs describe significant findings that may be instrumental with identification.
2	Signed	Signed by the radiologist doing the exam.
3	Date of Examination	Date of the exam mm/dd/yy.
4	MRN	List the assigned Morgue Reference Number

VI. DMORT FORMS

EXTERNAL PREPARATION/EMBALMING CASE REPORT, HHS - 624

Purpose

Provides a non-contaminated record of the embalmer's recommendations and actions.

Preparation

This form is completed by the embalmer *after surgical gloves, gown etc have been removed*. Extreme care should be rendered to prevent contamination of the form with body fluids.

Distribution

A completed, non-contaminated form should be inserted into the respective DVP.

External Preparation/Embalming Case Report

This form must be completed by the embalmer after surgical gloves, gown etc have been removed. Extreme care should be rendered to prevent contamination of the form with body fluids. A non-contaminated "Original" is to be inserted into the respective DVP. The contaminated form must be disposed of properly.

(1) Embalming Classification (as shown on DMORT Form 260): Viewable Non-Viewable

(2) Name of Victim: _____ Date of Prep: _____ Time: _____

(3) Age: _____ Sex : Male Female Other: _____ Race: _____

(4) Embalming Authorized by:

(Print)

(5) Was Autopsy Performed: Yes No

(6) *In the chart below color in, with black ink, **only the missing** body structures.*

(7) Condition of Eyes prior to Embalming: (Describe):

(8) Condition of Facial Features: (Describe)

(9) Beard: Yes No Mustache: Yes No If there is **any** doubt whether to shave face then DO NOT SHAVE.

(10) Teeth: Natural Dentures Partial Plate No Teeth are Present
 Some Teeth are Present

(11) Method of Mouth Closure: Stainless Steel Implant (Injector Needle) Suture

(12) Arteries Injected:

(13) Veins used for Drainage:

(14) Brand & Name of Arterial Fluid: _____ Index: _____

Dilution Rate & Volume:

_____ ounces per 1st gallon
_____ ounces per 2nd gallon
_____ ounces per 3rd gallon
_____ ounces per 4th gallon
_____ ounces per 5th gallon
_____ ounces per _____ gallon(s)

Potential Pressure Used: _____ lbs.

Actual Pressure Used: _____ lbs.

(15) Brand & Name of Cavity Fluid : _____ Index: _____

Volume Injected:

_____ ounces Thoracic cavity
_____ ounces Abdominal cavity

(16) Areas of Hypodermic Injection:

Brand & Name of Fluid: _____ Index: _____

List areas of hypodermic injection:

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VI. DMORT FORMS

EXTERNAL PREPARATION/EMBALMING CASE REPORT, HHS - 624

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Embalming Classification	Show viewable or non-viewable classification.
2	Name of Victim, Date, Time	Show the victims name, date mm/dd/yy, and time of the embalming (24-hour time).
3	Age, Sex, Race	Show the age, sex (M or F) and race of the victim.
4	Embalming Authorized By	Name of the person authorizing the embalming.
5	Was Autopsy Performed	Was autopsy performed, yes or no?.
6	Missing Body Structures	In the chart provided, color in the missing body structures.
7	Condition of Eyes	Describe the condition of eyes prior to embalming.
8	Condition of Facial Features	Describe the condition of facial features.
9	Beard	Was a beard or moustache present?
10	Teeth	General condition and presence of the teeth.
11	Method of Mouth Closure	Describe the method of mouth closure.
12	Arteries Injected	Identify and describe which arteries were injected
13	Veins	Identify the veins used for drainage.
14	Arterial Fluid	List the brand, name of arterial fluid, and dilution rate including volume.
15	Cavity Fluid	List the brand, name of cavity fluid and the volume injected.
16	Hypodermic Injection	List areas of hypodermic injection including the brand name of the fluid.
17	External Preservation	In general terms list technique used to perform external preservation.
18	Signature(S)	Sign and dated by embalmers performing procedure

VI. DMORT FORMS

EMBALMING CLASSIFICATION OF HUMAN REMAINS, HHS - 625

Purpose

Provide a location for the viewable classification documentation of remains of the victim of the emergency scene.

Preparation

Prepared by the assigned embalmer(s)

Distribution

The completed form is inserted into the respective victim DVP.

Embalming Classification of Human Remains

(1) MRN- _____

(2) Date of Examination: _____ Time: _____

I/We have examined the above referenced human remains and have determined the following:

Classification:

(3) [] **Viewable**, In my/our opinion the probability is **good** to suggest that embalming and post mortem reconstructive surgery may allow viewing of the victim by family and/or friends. Therefore facial incisions, oral autopsy examination or extraction of fingers should not be performed unless deemed absolutely necessary for evidentiary value.

(4) [] **NON-Viewable**, In my/our opinion the probability is **poor** to suggest that embalming and post mortem reconstructive surgery may allow viewing of the victim by family and/or friends. Examinations may be accomplished as deemed necessary.

(5) Signed: _____ Signed: _____

Print Name

Print Name

VI. DMORT FORMS

EMBALMING CLASSIFICATION OF HUMAN REMAINS, HHS - 625

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	MRN	List the assigned Morgue Reference Number.
2	Date of Examination, Time	List the date mm/dd/yy and time (24-hour time).
3	Classification	List the certification of viewable remains in the opinion of the embalmers.
4	Classification	List the certification of non-viewable remains in the opinion of the embalmers.
5	Signature	Signature(s) of attending embalmers.

VI. DMORT FORMS

VICTIM EXTERNAL/AUTOPSY EXAMINATION, HHS - 626

Purpose

Provides a detailed format for the listing of property and physical characteristics of the victim.

Preparation

Prepared by the individual with the responsibility for the embalming and/or autopsy.

Distribution

Completed and made part of the permanent victim record

Victim External/Autopsy Examination

(1) MRN _____

(2) Print Name of Examiner: _____ Date: _____

Items in Pockets, Jewelry and Clothing

(List in detail, size, color, material, brand, manufacturer, unique characteristics, photograph if there is something unique)

Additional information may be written on back of page, if so make reference to line number

Record Jewelry as to anatomical location and give detailed description. All jewelry should be photographed with body reference number in photo. Body piercing should be identified in detail.

(3) Items in Pockets: (Credit cards, drivers license, checks, cash found on victim should be photocopied or itemized in more detail on D-Mort Form 280. Otherwise list items below.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(4) Jewelry:

7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

MRN: _____

HHS - 626

Victim External/Autopsy Examination

(5) Footwear:	Type	Material	Color	Size	Manufacturer
---------------	------	----------	-------	------	--------------

13. Left Foot _____

14. Right Foot _____

(6) Outer Clothing (waist down)

15. _____

16. _____

17. _____

(7) Outer Clothing (waist up)

18. _____

19. _____

20. _____

Under Clothing (waist down)

(8) Socks:

21. Left Foot _____

22. Right Foot _____

(9) Underwear

23. _____

24. _____

MRN: _____

HHS - 626

Victim External/Autopsy Examination

(10) Under Clothing (waist up)

- 25. _____
- 26. _____
- 27. _____

(11) Physical Characteristics

- 28. Race: _____ 28a. Length: _____ 28b. Appx. Weight: _____
- 29. Build : Small Medium Large
- 30. Eye Color: _____

(12) Hair : (Hair, beard and mustache samples should be collected and placed in separate containers)

- 31. Head hair: Own Hair Wig Toupee
- 32. Head hair Color _____ 32a. Head hair Length: _____
- 33. Head : Bald Partial Bald
- 34. Facial Hair: Beard, if so Length: Long Short Color: _____
- 35. Mustache if so Style: _____ Color _____
- 36. Eyebrows: Long Short None Color: _____

(13) Ears:

- 37. Ear lobes are (Refer to diagram on back of page) Attached Unattached
- 38. Lobes pierced: NO, if yes, Left # of holes _____ Right # of holes _____
- 39. Helix pierced: No, if yes, Left # of holes _____ Right # of holes _____

MRN: _____

Victim External/Autopsy Examination

(14) Tattoos:

(List anatomical location and detailed description of tattoo(s) and photograph each)

40. _____

41. _____

42. _____

43. _____

(15) Scars or Birthmarks Body Piercing:

(List anatomical location and detailed description)

44. _____

45. _____

46. _____

47. _____

(16) Fingernails:

48. Left Hand: Long Short Polished, if yes, Color _____

49. Right Hand Long Short Polished, if yes, Color _____

(17) Toenails:

50. Left Foot: Long Short Polished, if yes, Color _____

51. Right Foot Long Short Polished, if yes, Color _____

(18) Missing Body Structures:

52. _____

53. _____

54. _____

MRN: _____

HHS - 626

Victim External/Autopsy Examination

(19) Obvious Prosthesis or Implants:

(List anatomical location and description)

55. _____

56. _____

57. _____

58. _____

(20) External Evidence of Disease or Condition:

59. _____

60. _____

61. _____

62. _____

(21) Trauma:

(This section may be dictated as part of the Autopsy report)

Head:

63. _____

64. _____

65. _____

66. _____

(21a) Chest:

67. _____

68. _____

69. _____

70. _____

MRN: _____

HHS - 626

Victim External/Autopsy Examination

(21b) Upper Extremities:

71. _____

72. _____

73. _____

74. _____

(21c) Lower Extremities:

75. _____

76. _____

77. _____

78. _____

(21d) Back:

79. _____

80. _____

81. _____

82. _____

(22) Autopsy Examination

May be dictated and transcribed.

DMORT policy requires DNA samples to be collected on each case unless the "disaster specific" pathology plan overrules this policy.

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VI. DMORT FORMS

VICTIM EXTERNAL/AUTOPSY EXAMINATION, HHS - 626

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	MRN	List the assigned Morgue Reference Number for the case. Note this number is placed on each page of the 6 pages of this form.
2	Name of Examiner/Date	Print name of the examiner and examination date mm/dd/yy.
3	Items in Pockets	Include credit cards, driver's license, checks, cash, etc. Each item should be listed on a separate line.
4	Jewelry	Record jewelry as to anatomical location and give detailed description. All jewelry should be photographed.
5	Footwear	Show type, color, size, and material of the victim's footwear.
6	Outer Clothing	List outer clothing worn by the victim from the waist down.
7	Outer Clothing (waist up)	List outer clothing worn by the victim from the waist up.
8	Socks	List the under clothing from the waist down starting with socks.
9	Underwear	List the under clothing from the waist down including underwear.
10	Under Clothing (waist up)	List the under clothing from the waist up.
11	Physical Characteristics	List the victims physical characteristics including; length, weight race, eyes, etc.
12	Hair	List information about the victim's hair including body and facial hair, color, texture, etc.
13	Ears	List information about the victim's ears including piercing, lobes, etc.
14	Tattoos	List anatomical location and detailed description of tattoo(s) and photograph each.
15	Scars or Birthmarks Body Piercing	List anatomical location and detailed description of scars, birthmarks or body piercing.

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ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
16	Fingernails	List information about the victim's fingernails including length and polish.
17	Toenails	List information about the victim's toenails including length and polish.
18	Missing Body Structures	List information about any missing body structures from the victim.
19	Obvious Prosthesis or Implants	List any obvious prosthesis or implants from the victim.
20	Disease or Conditions	List any external evidence of disease or conditions.
21	Trauma	List any trauma to the head. This section may be dictated as part of the Autopsy Report.
21a	Chest	List any trauma to the head. This section may be dictated as part of the Autopsy Report.
21b	Upper Extremities	List any trauma to the upper extremities. This section may be dictated as part of the Autopsy Report.
21c	Lower Extremities	List any trauma to the lower extremities. This section may be dictated as part of the Autopsy Report.
21d	Back	List any trauma to the back. This section may be dictated as part of the Autopsy Report.
22	Autopsy Examination	The Autopsy may be dictated and transcribed.

VI. DMORT FORMS

ITEMIZED LISTING PERSONAL EFFECTS DISCOVERED ON VICTIM, HHS - 627

Purpose

Provide a format for listing specific personal effects found on or with a victim. The form also provides a chain of transfer custody of these items.

Preparation

The Personal Effects Unit Leader completes the form prior to any autopsy.

Distribution

The record of property and transfer remains in the victim's file maintained at the scene of the incident.

Itemized Listing Personal Effects Discovered on Victim

(1) MRN- _____

(2) Item Description:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Additional Items should be listed on another DMORT Form # 280 Items such as Credit cards, store charge cards, drivers license, identification cards, checks, lottery tickets or important documents should be photocopied on the back of this form or a photocopy attached to this form.

(3) Release/Transfer Of Custody:

Transfer 1. Received from: _____ Section # _____

I, _____ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: _____ Date: _____ Time: _____

Transfer 2. Received from: _____ Section # _____

I, _____ hereby acknowledge receipt of the above mention item(s) and accept full responsibility of custody.

Signed: _____ Date: _____ Time: _____

Transfer 3. Received from: _____ Section # _____

I, _____ hereby acknowledge receipt of the above-mentioned item(s) and accept full responsibility of custody.

Signed: _____ Date: _____ Time: _____

VI. DMORT FORMS

ITEMIZED LISTING PERSONAL EFFECTS DISCOVERED ON VICTIM, HHS - 627

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	MRN	List the assigned Morgue Reference number.
2	Item Description	List a detailed item description, by line, of all items discovered on the victim.
3	Release/Transfer of Custody	Release or transfer of custody of the items logged in on the form belonging to the victim. Each person transferring property must sign for the receipt of this property.

VI. DMORT FORMS

RELEASE OF HUMAN REMAINS, HHS - 628

Purpose

The form provides written documentation for verification and approval for the release of victim's remains.

Preparation

The Personal Effects Unit Leader prepares the form.

Distribution

The form becomes a part of the official record of the victim of the incident.

Release of Human Remains

(1) MRN-_____

(2) Name of Deceased:_____

(3) Date of Release:_____

(4) Released To: _____
(Name of Person or Establishment)

(5) Address: _____

(6) Phone: _____

(7) I/We certify that I/We represent all of the next of kin of the above, and do hereby accept custody of said Human Remains.

Signed: _____ Date: _____ Time: _____

(Print Name)

Signed: _____ Date: _____ Time: _____

(Print Name)

(8) Witness: _____

(Print Name)

(9) Released by: _____ Date: _____ Time: _____

(Print Name)

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VI. DMORT FORMS

RELEASE OF HUMAN REMAINS, HHS - 628

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	MRN	List the assigned Morgue Reference Number.
2	Name of Deceased	List the full name including last name, first name and middle name.
3	Date of Release	List the date of release of the victim.
4	Released To	List the name of person or establishment released to.
5	Address	List the address of person or establishment released to.
6	Phone	List the telephone number of person or establishment released to.
7	Certification and Signature	Certification that the signature is accepting custody of the victims remains.
8	Witness	Printed name and signature of witness.
9	Released by	Name of the person making the release of the remains.

VI. DMORT FORMS

CHAIN OF CUSTODY, HHS - 629

Purpose

Provides written receipts and documentation of specific property items and transfer of this property from one person to another.

Preparation

The form is prepared by anyone having or documenting victim property custody.

Distribution

The form stays with the property until it is used as a transfer document from one person to another.

Chain of Custody

(1) MRN: _____

(2) Item Description:

(3) **Transfer 1.**Received from: _____ Section # _____

I, _____ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: _____ Date: _____ Time: _____

Transfer 2.Received from; _____ Section # _____

I, _____ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: _____ Date: _____ Time: _____

Transfer 3.Received from: _____ Section # _____

I, _____ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: _____ Date: _____ Time: _____

Transfer 4.Received from: _____ Section # _____

I, _____ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: _____ Date: _____ Time: _____

Transfer 5.Received from: _____ Section # _____

I, _____ hereby acknowledge receipt of the above mentioned item(s) and accept full responsibility of custody.

Signed: _____ Date: _____ Time: _____

VI. DMORT FORMS

CHAIN OF CUSTODY, HHS - 629

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	MRN	List the assigned Morgue Reference Number.
2	Item Description	List a complete, accurate description of the item.
3	Transfer Information	List the name of the person transferring the item and the signature and name of the person receiving the item listed.

VI. DMORT FORMS

VICTIM RECORDS/INFORMATION STATUS REPORT, HHS - 630

Purpose

Provides a receipt and documentation of requests for various victim records.

Preparation

Prepared by the person making the request for information regarding the victim.

Distribution

The request and documentation stays with information on the victim during the incident.

Victim Records/Information Status Report

(1) Name of Victim: _____ (2) MRN- _____

(3) Record Item 1. _____
(Description of Record(s))

The above record(s) have been requested from:

(4) Contact person of sender: _____ Phone: _____

(5) Date requested: _____

(6) Estimated date of arrival at ID center: _____

(7) Record(s) will be delivered via: FEDEX FAX USMAIL UPS

(8) Sender was contacted by:

Record Item 2.

(Description of Record(s))

The above record(s) have been requested from:

Contact person of sender: _____ Phone: _____

Date requested: _____

Estimated date of arrival at ID center: _____

Record(s) will be delivered via: FEDEX FAX USMAIL UPS

Sender was contacted by:

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VI. DMORT FORMS

VICTIM RECORDS/INFORMATION STATUS REPORT, HHS - 630

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Name of Victim	List the full name of the victim.
2	MRN	List the assigned Morgue Reference Number.
3	Record Item	Description of record(s) requested.
4	Contact person of sender	Contact person of sender, including telephone number.
5	Date requested	Include mm/dd/yy.
6	Estimated arrival at ID center	Estimated date of arrival at the Information Resource Center.
7	Records delivered by	How records will be delivered.
8	Sender contact	Provides a listing to identify that the sender was contacted by name and contact number.

VI. DMORT FORMS

SAMPLE/ LETTER, HHS - 631

Official Notification to Next of Kin Regarding Positive Identification of Victim

Purpose

The form provides a suggested format, which should be created on the official letterhead of the local Medical Examiner/Coroner.

Preparation

The Medical Examiner/Coroner or designee writes the letter.

Distribution

The original letter is mailed to the next of kin with a copy maintained in the victim's file on the incident.

SAMPLE/ LETTER**Official Notification to Next of Kin
Regarding Positive Identification of Victim**

(The following is a suggested format which should be created on the official letterhead of the Office Medical Examiner/Coroner of jurisdiction)

(1) Date

(2) Name of Next of Kin

(3) Address

(4) Dear,

Please consider this letter official notification to you and your family that the body of your _____ has been positively identified. Identification
enter relationship, enter full name of deceased
was accomplished as a result of forensic examinations correlated with ante-mortem records. On behalf of myself and the entire mortuary disaster team please accept our heartfelt condolences regarding the loss of your loved one.

I appreciate your patience and cooperation during this most trying time. It is necessary for you and your family to make certain decisions regarding disposition. Please carefully read the following information and complete where necessary.

Our office will arrange for your _____ to be transferred to a funeral
enter relationship
home or agent of your designation. Please sign and return the attached RELEASE FORM to the official who delivered this form to you.

Sincerely,

Name of Medical Examiner/Coroner or designee

(5) NOTE:

(Attach to this letter HHS - 632 "Release Authorization" if remains is classified as "Incomplete Human Remains" INC/HR or HHS - 6333"Release Authorization" if the remains is classified as "Complete Human Remains" C/HR.)

VI. DMORT FORMS

SAMPLE/ LETTER, HHS - 631
Official Notification to Next of Kin
Regarding Positive Identification of Victim

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Date	List the date of the letter mm/dd/yy.
2	Name of Next of Kin	Name of next of kin.
3	Address	Provide a complete address of the next of kin.
4	Salutation	Dear "next of kin"
5	Note	Attach to this letter to HHS - 632 "Release Authorization" if remains are classified as "Incomplete Human Remains" INC/HR or HHS - 633 "Release Authorization" if the remains is classified as "Complete Human Remains" C/HR.

VI. DMORT FORMS

RELEASE AUTHORIZATION (INC/HR), HHS - 632

Purpose

This form provides a formal release from the next of kin to a victim for the release of "Incomplete Human Remains" INC/HR. This form is to be used in other than transportation disasters.

Preparation

The assigned medical examiner or designee initiates the form.

Distribution

A copy of the form is retained in the incident victim folder at the incident site.

Release Authorization (INC/HR)

*(This form is to be used in **Other Than Transportation Disasters**)*

(1) Name of Deceased: _____

(2) MRN-_____

Please be advised unidentified human tissue will be buried in an appropriate manner.

(3) In the event any additional tissue(s) are recovered in the future and are identified as belonging to the above named deceased. I/We request the following:

1. I/We **do not** wish to be notified. I/We are authorizing the appropriate officials to dispose of said tissue(s) by methods deemed appropriate by said officials.

2. I/We **wish to be** notified and will make a decision regarding disposition at that time.

(4) I/We the undersigned hereby authorize the _____ Office to release the _____

(Name of ME/Coroner)

(5) remains of : _____ to the designated Disaster Mortuary Team.

(Name of Deceased)

(6) I/We further authorize the designated Disaster Mortuary Team to embalm, and perform post mortem reconstructive surgery techniques, and otherwise prepare, as they deem necessary and

(7) upon completion to release said remains to:

(Name, address & phone of Funeral Home or Agent)

(8) I/We certify that I/We have read and understand this RELEASE AUTHORIZATION. I/We further state that I/We are all of the next of kin, or represent all of the next of kin and am/are legally authorized, and/or charged with the responsibility of burial and/or final disposition of above said deceased.

Signed: _____ Relationship to Deceased: _____

Print Name; _____ Date Signed: _____ Time: _____

Complete Address: _____

Phone: _____

Witness: _____

Print Witness Name: _____

VI. DMORT FORMS

RELEASE AUTHORIZATION (INC/HR), HHS - 632

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Name of Deceased	List the full name of the deceased.
2	MRN	List the assigned Morgue Reference Number.
3	Additional Tissue(s) Recovery	Provides a yes and no box for disposition of added tissue recovery.
4	Authorized by	List the name of the Medical Examiner/Coroner or designee.
5	Remains of	List the name of the deceased.
6	Authorize embalming	Release for permission for DMORT to conduct embalming.
7	Release of remains	Name and address of post embalming remains release.
8	Next of Kin certification	Certification of next of kin including name, address, telephone, relationship, etc.

VI. DMORT FORMS

RELEASE AUTHORIZATION (C/HR), HHS - 633

Purpose

This form provides a formal release from the next of kin to a victim for the release of "Complete Human Remains" INC/HR. This form is to be used in other than transportation disasters.

Preparation

The assigned medical examiner or designee initiates the form.

Distribution

A copy of the form is retained in the incident victim folder at the incident site.

Release Authorization (C/HR)

*(This form is to be used in **Other Than Transportation Disasters**)*

(1) Name of Deceased: _____

(2) MRN- _____

(3) I/We the undersigned hereby authorize the _____ Office to release the
(Name of ME/Coroner)
 remains of : _____ to the designated Disaster Mortuary Team.
(Name of Deceased)

(4) I/We further authorize the designated Disaster Mortuary Team to embalm, and perform post mortem reconstructive surgery techniques, and otherwise prepare, as they deem necessary and upon completion to release said remains to:

(Name, address & phone of Funeral Home or Agent)

(5) I/We certify that I/We have read and understand this RELEASE AUTHORIZATION. I/We further state that I/We are all of the next of kin, or represent all of the next of kin and am/are legally authorized, and/or charged with the responsibility of burial and/or final disposition of above said deceased.

(6) Signed: _____ Relationship to Deceased: _____

(7) Print Name; _____ Date Signed: _____ Time: _____

(8) Complete Address:

(9) Phone: _____

(10) Signed: _____ Relationship to Deceased: _____

(11) Print Name: _____ Date Signed: _____ Time: _____

(12) Complete Address:

(13) Phone: _____

(14) Witness: _____

(15) Print Witness Name: _____

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VI. DMORT FORMS

RELEASE AUTHORIZATION (C/HR), HHS - 633

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Name of Deceased	List the full name of the deceased.
2	MRN	List the assigned Morgue Reference Number.
3	Additional Tissue(s) Recovery	Provides a yes and no box for disposition of added tissue recovery.
4	Me/Coroner authorization	List the name of the Medical Examiner/Coroner or Designee.
5	DMORT authorization	List the name of the deceased.
6	Signature	List the signature and relationship to the deceased.
7	Print Name	Print the name of the person signing in 6 above. Include date mm/dd/yy and 24-hour time.
8	Complete Address	List the complete address including street name and number, city, state and zip code of the person signing in 6 above.
9	Phone	List the phone number (including the area code) of the individual signing item 6 above.
10	Signed	List the signature and relationship to the deceased.
11	Print Name	Print the name of the person signing in 10 above. Include date mm/dd/yy and 24-hour time.
12	Complete address	List the complete address including street name and number, city, state and zip code of the person signing in 10 above.
13	Phone	List the phone number (including the area code) of the individual signing item 10 above.
14	Witness	Show the witness signature
15	Print Witness Name	Print the name of the witness signing in number 14 above. Include first name, middle initial, and last name.

VI. DMORT FORMS

DECLARATION OF POSITIVE IDENTIFICATION OF DISASTER VICTIM, HHS - 634

Purpose

This form provides a format to positively declare the identification of a disaster or incident victim.

Preparation

The form is prepared in consultation with Medical Examiner/Coroner assigned to the team.

Distribution

The completed form becomes part of the permanent record of DMORT identification activities.

Declaration of Positive Identification of Disaster Victim

(1) This will certify that Disaster Victim (1) MRN- _____ has been positively identified as:

(2) Name of Victim: _____ Sex: _____ Race: _____

The identification was made through collection and correlation of ante mortem and post mortem data. Significant matching points of Identification are list below.

(3) Point	Ante Mortem Data
1.	_____
2.	_____
3.	_____
4.	_____

(4) Corresponding Point	Post Mortem Data
1.	_____
2.	_____
3.	_____
4.	_____

To the best of my knowledge, and after careful review of all evidence presented, I believe enough ante mortem and post mortem evidence match to support my conclusion of positive identification of the above disaster victim.

(5) Signed: _____ Date: _____ Time: _____
DMORT Leader

(6) Print Name: _____

(7) Signed: _____ Date: _____ Time: _____
Medical Examiner/Coroner

(8) Print Name: _____

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VI. DMORT FORMS

DECLARATION OF POSITIVE IDENTIFICATION OF DISASTER VICTIM, HHS - 634

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	MRN	Enter assigned Morgue Reference Number.
2	Name of Victim	Names of victim, including first name, middle initial, last name, sex, and race.
3	Point of Ante Mortem Data	List the specific points of collection and correlation of ante mortem data.
4	Corresponding Point of Post Mortem Data	List the specific points of collection and correlation of post mortem data.
5	Signature of DMORT Leader	Show the name of the DMORT Leader. Include date signed (mm/dd/yy) and 24-hour time.
6	Print Name	Print the name of the DMORT Leader signing in number 5 above.
7	Signature of the attending Medical Examiner/Coroner	List the name of the attending Medical Examiner/Coroner. Include date signed (mm/dd/yy) and 24-hour time.
8	Print Name	Print the name of the attending Medical Examiner/Coroner signing in number 7 above.

VI. DMORT FORMS

TELEPHONE DOCUMENTATION OF NOTIFICATION OF NEXT OF KIN REGARDING POSITIVE ID, HHS - 635

Purpose

This form provides a guide for DMORT members when making telephone notification.

Preparation

The DMORT staff complete the information required on the form.

Distribution

The form is maintained in incident files and is tied with the MRN number for specific victims.

Telephone Documentation of Notification of Next of Kin Regarding Positive ID

(1) MRN- _____

(2) Name of Victim: _____

(3) Notification Team: _____
(Print Name) (Print Name)

Date of Call: _____ Time: _____

(4) Name of Person talked to: _____
Relationship _____
(Please Print)

(5) Confirmed Address: _____

(6) Notes: _____

(List additional notes on reverse of this page)

(7) Name of person or agency to Fax Release Authorization to: _____

(8) Address: _____

Phone: _____ Fax: _____

(9) Contact Person of Agency: _____

(10) Talked to Agency: Date: _____ Time: _____

(11) Action taken by Notification Team

Document # _____ Faxed: Date: _____ Time: _____

Signed: _____ Signed: _____
(Notification Team member) (Notification Team member)

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VI. DMORT FORMS

**TELEPHONE DOCUMENTATION OF NOTIFICATION OF NEXT OF KIN
REGARDING POSITIVE ID, HHS - 635**

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	MRN	List the assigned Morgue Reference Number.
2	Name of Victim	Last name, first name, middle initial.
3	Notification Team	List specific DMORT including date and time of call.
4	Name of Person talked to	Name of person talked to and relationship as next of kin.
5	Confirmed Address	Address of person talked to and relationship as next of kin.
6	Notes	Specific notes taken during discussion with the next of kin.
7	Name of Person or Agency for Release Authorization	Name of person or agency to fax Release Authorization.
8	Address	Address of person or agency to fax Release Authorization.
9	Contact Person or Agency	Contact person of agency making the notification.
10	Talked to Agency, Date, Time	Talked to agency including date and time.
11	Action taken by Notification Team	Action taken by notification team including document number and team member notification.

VI. DMORT FORMS

RELEASE OF PERSONAL EFFECTS, HHS - 636

Purpose

This form provides documentation for the custody and release of victim's personal effects.

Preparation

Preparation is the responsibility of the individual DMORT member gathering personal effects.

Distribution

The form is completed and maintained with victim identification information as part of the victim incident file.

Release of Personal Effects

(1) MRN- _____

(2) Name of Deceased: _____

(3) Item Description:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Additional items should be listed on another DMORT Form 350. Items such as Credit cards, store charge cards, drivers license, identification cards, checks, lottery tickets, or important documents should be photocopied on the back of this form or a photocopy attached to this form.

I/We certify that I/We represent all of the next of kin of the above, and do hereby accept custody of the Personal Items listed above.

(4) Signed: _____ Relationship: _____ Date: ____ Time: _____

(Print Name)

Signed: _____ Relationship: _____ Date: ____ Time: ____

(Print Name)

(5) Witness: _____ Released by: _____

(Print Name)

(Print Name)

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VI. DMORT FORMS

RELEASE OF PERSONAL EFFECTS, HHS - 636

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	MRN	List the assigned Morgue Reference Number.
2	Name of Deceased	List the name of the deceased, last name, first name, and middle initial.
3	Item Description	List a specific item description(s) of the personal effects catalogued.
4	Signed	Signed by the identified next of kin include relationship, date and time.
5	Witness	Signature of the witness to the transfer, including date and time.

VI. DMORT FORMS

WINID2 MASTER LEGEND, HHS - 637

Purpose

The Master Legend provides DMORT personnel with added documentation sources on body identification. The form will be used in conjunction with severe traumatic accidents.

Preparation

The form is completed by the attending physician and accompanies the body through the examination process.

Distribution

Once the process of identification has been completed the paper work is filed for reference in the next of kin notification process.

WINID2 MASTER LEGEND

(1) INCIDENT NAME	(2) OPERATIONAL PERIOD
-------------------	------------------------

(3)TOOTH

Primary Codes – Required

M=Mesial	D=Distal
F=Facial	I=Incisal
C=Crown	X=Missing
U=Unerrupted	J=Missing PM
O=Occlusal	V=Virgin
L=Lingual	/=No Info

TOOTH

Secondary Codes

A=Anomlay	R=Root Canal	
T=Denture	H=Porcelain	
Q=3/4 Crown	G=Gold	
E=Resin	Z=Temp/Caries	
B=Deciduas	S=Silver Amal	
P=Pontic	N=Non-precious	

(4)BODY PARTS NOT RECOVERED

CR-Cranium	MD-Mandible	TS-Torso
RA-Right Upper Arm	RF-Right Forearm	RH-Right Hand
LA-Left Upper Arm	LF-Left Forearm	LH-Left Hand
RL-Right Upper Leg	RC-Right Lower Leg	RT-Right Foot
LL-Left Upper Leg	LC-Left Lower Leg	LT-Left Foot

(5)ANTE MORTEM CONDITION

Good Preservation Decomposition-Early/Moderate/Advanced
Skeletonized Mummified Adipocere
Fire Burning Drowning Not Known

(6)DISPOSITION

Active Identified Cleared Unknown

(7)TYPE

Juvenile Endangered Disabled Accident Involuntary Disaster Misc

(8)SEX: Male Female Unknown

(9)HAIR COLOR Bald Black Blond Brown Gray Red White

(10)RACE African American Asian Hispanic Native American Other White A B

(11)BLOOD TYPE A+ A- B+ B- 0+ 0- AB+ AB-

(12)VIRGIN-NO RESTORATIONS, list fractures, rotations, or other info in comments

/=No Info (Tooth not present when examination done)

J=Missing PM (Tooth missing from accident)

Ante Mortem entered in comp have DISP=Active

Post Mortem entered in comp have DISP=Unknown

/ code on any tooth always returns / on best match or query

Primary teeth using secondary codes =B for comp, Ex=MEI 221 Ak 232

Matches and queries only on PRIMARY codes, just like CAPMI

(13) Signature	(14) Date
----------------	-----------

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VI. DMORT FORMS

WINID2 MASTER LEGEND, HHS - 637

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Incident Name	List the name of the incident
2	Operational Period	Show operational period where form is completed. Include mm/dd/yy, and 24-hour clock time.
3	Tooth	Circle the appropriate primary and secondary code that describes the teeth recovered and any work done.
4	Body parts not recovered	Circle parts of the body that are missing and have not been recovered.
5	Ante Mortem Condition	Circle the appropriate condition of the body at the time of the examination.
6	Disposition	Circle the disposition that most closely matches the actual condition.
7	Type	Circle the appropriate type of accident and victim.
8	Sex	Circle the appropriate sex of the victim.
9	Hair Color	Circle the correct hair color of the victim.
10	Race	Circle the appropriate ethnic race of the victim.
11	Blood Type	Circle the appropriate blood type of the victim.
12	Virgin-No Restorations	Circle and list any difference noted.
13	Signature	Show legible signature of responsible examining official.
14	Date	Show the date of the examination mm/dd/yy.

VI. DMORT FORMS

ANTE MORTEM DENTAL RECORD, HHS - 638

Purpose

The Ante Mortem Dental Record provides the basis for identification of a victim using dental records. The form will be used in conjunction with severe traumatic accidents.

Preparation

The form is completed by the attending dentist and accompanies the body through the examination process.

Distribution

Once the process of identification has been completed the form is filed for reference in the next of kin notification process.

ANTE MORTEM DENTAL RECORD

HHS-638

(1) Team Leader _____ 2nd DDS _____ 3rd DDS _____
 Typist _____

(2) NAME (LAST, FIRST) _____

CIRCLE ANSWERS (WHERE APPLICABLE)						
(3) ID#	ME	AK	FDI	1°	US	DESCRIPTION WinID CODE
NCIC#	_____	_____	_____	_____	_____	_____
(4) ORIGINATING AGENCY	_____	_____	18	_____	1	_____
(5) ORIGINATING AGENCY #	_____	_____	17	_____	2	_____
(6) MEDEX/COR	_____	_____	16	_____	3	_____
(7) MEDEX/COR #	_____	_____	15A	_____	4	_____
(8) DATE OF BIRTH	_____	_____	14B	_____	5	_____
(9) DATE OF LAST CONTACT	_____	TO _____	13C	_____	6	_____
(10) BPNR-BODY PART NOT RECOVERED)	_____	_____	12D	_____	7	_____
(11) PM COND- GOOD PRES	_____	_____	11E	_____	8	_____
DECOMP: EARLY MOD ADV						
SKELETINIZED MUMMIFIED						

ADI PODICERE FIRE BURNING
 DROWNING UNKNOWN

(12) DISP-ACTIVE IDENTIFIED CLEARED UNKNOWN	21	F	9	_____	_____
(13) TYPE-JUV ENDAN DSBLD ACCID INVOL DISAS MISC	22	G	10	_____	_____
(14) SEX- MALE FEMALE UNKNOWN	23	H	11	_____	_____
(15) RACE-AF AMER ASIAN HISP NAT AMER OTHER WHT	24	I	12	_____	_____
(16) HEIGHT (IN INCHES) _____ TO _____	25	J	13	_____	_____
(17) WEIGHT (IN POUNDS) _____ TO _____	26	_____	14	_____	_____
(18) HAIR COLOR-BALD BLK BLND BRWN GRAY RED WHT	27	_____	15	_____	_____
(19) EYE COLOR-BLK BLUE BRWN GRN HAZ VIOLET WHT	28	_____	16	_____	_____
(20) BLOOD TYPE- A+ A- B+ B- 0+ 0- AB+ AB-	_____	_____	_____	_____	_____
(21) COMMENTS _____	38	_____	17	_____	_____
_____	37	_____	18	_____	_____
_____	36	_____	19	_____	_____
_____	35	K	20	_____	_____
(22) LINKED GRAPHIC _____	34	L	21	_____	_____
A P G	33	M	22	_____	_____
1 _____	32	N	23	_____	_____
2 _____	31	O	24	_____	_____
3 _____	41	P	25	_____	_____
4 _____	42	Q	26	_____	_____
5 _____	43	R	27	_____	_____
_____	44	S	28	_____	_____
_____	45	T	29	_____	_____
_____	46	_____	30	_____	_____
_____	47	_____	31	_____	_____
(23) COM _____	48	_____	32	_____	_____
_____	_____	_____	_____	_____	_____

(24) VIRGIN=NO RESTORATIONS- LIST

FRACTURES, ROTATIONS, ETC IN COMMENTS
 /=No Info (Tooth not present when examination done)
 J=Missing PM (Tooth missing from accident)

Primary Codes – Required

M=Mesial D=Distal
 F=Facial I=Incisal
 C=Crown X=Missing
 U=Unerupted J=Missing PM
 O=Occlusal V=Virgin
 L=Lingual /=No Info

Secondary Codes

A=Anomaly R=Root Canal
 T=Denture H=Porcelan
 Q=3/4 Crown G=Gold
 E=Resin Z=Temp/Caries
 B=Deciduous S=Silver Amal
 P=Pontic N=Non-precious

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VI. DMORT FORMS

ANTE MORTEM DENTAL RECORD, HHS – 638

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Team Leader	List the DMORT Leader name and assisting dental personnel doing the examination. Include the DDS license number.
2	Name	List the victim's name - last name, first, middle initial.
3	Identification number	List the victim identification number and show the name of the medical examiner attending.
4	Originating Agency	Show the agency name originating the examination.
5	Originating Agency #	Show the agency number originating the examination.
6	Medical Examiner/Coroner	Show the medical examiner/corners name.
7	Medical Examiner/Coroner Number	Show the medical examiner/corners license number.
8	Date Of Birth	List the date of birth of the victim.
9	Date Of Last Contact	List the date that anyone made contact with the victim for the last time.
10	Body Part Not Recovered	Circle the appropriate body parts not recovered.
11	Post Mortem Condition	Circle the appropriate post mortem condition of the victim.
12	Disposition	Circle the appropriate disposition of the case.
13	Type	Circle the appropriate type of accident.
14	Sex	Circle the appropriate sex of the victim.
15	Race	Circle the appropriate race of the victim.
16	Height	List the height or range of height for the victim.
17	Weight	List the weight or range of weight for the victim.

VI. DMORT FORMS

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
18	Hair	Circle the appropriate victim hair color.
19	Eye Color	Circle the appropriate victim eye color.
20	Blood Type	Circle the appropriate blood type if the victim.
21	Comments	List any specific, pertinent comments.
22	Linked Graphic	Show the location and type of any graphic that is tied to the victim.
23	Comments	List any specific, pertinent comments.
24	Virgin-No Restorations	Circle and list any difference noted. These should be the same as listed on the HHS-636

VI. DMORT FORMS

POST MORTEM DENTAL RECORD, HHS - 639

Purpose

Provide a location for the recording of Post Mortem documentation for an accident of major multi-causality incident

Preparation

The form will be completed by the attending examiner and will accompany the body through the examination process.

Distribution

At the conclusion of the examination the form will be filed with the Document Unit at a permanent record of the victim identification.

POSTMORTEM DENTAL RECORD

(1)TEAM LEADER		2ndDS	3rdDDS	Typist
(2)PM1	PM2	PM3	PM4	PM5
CIRCLE ANSWERS (WHERE APPLICABLE)				
(3)DESCRIPTION WinID CODE	US	1°	FDI	ID# _____ ME _____ AK _____
			NCIC#	
_____	1	18	ORIGINATING AGENCY _____	
_____	2	17	ORIGINATING AGENCY # _____	
_____	3	16	MEDEX/COR	
_____	4	A	15	MEDEX/COR #
_____	5	B	14	DATE BODY FOUND
_____	6	C	13	EST. AGE (IN YEARS)
_____ TO _____	7	D	12	BPNR (BODY PART NOR RECVERED) _____
_____	8	E	11	PM COND- GOOD PRES DECOMP: EARLY MOD ADV SKELETINIZED MUMMIFIED ADI PODICERE FIRE BURNING DROWNING UNKNOWN
_____	9	F	21	DISP- ACTIVE IDENTIFIED CLEARED
UNKNOWN	10	G	22	TYPE-JUV ENDANG DSABLD ACCID INVOL DISASTER
MISC	11	H	23	SEX- MALE FEMALE UNKNOWN
_____	12	I	24	RACE- AF AMER ASIAN HISP NAT AMER OTHER WHITE
_____	13	J	25	HEIGHT (IN INCHES)
_____ TO _____	14		26	WEIGHT (IN POUNDS)
_____ TO _____	15		27	HAIR COLOR- BALD BLK BLND BRWN GRAY RED WHT
_____	16		28	EYE COLOR-BLK BLUE BRWN GRN HAZ VIOLET WHITE
_____	17		38	BLOOD TYPE- A+ A- B+ B- 0+ 0- AB+ AB-
_____	18		37	COMMENTS _____
_____	19		36	_____
_____	20	K	35	_____
_____	21	L	34	LINKED GRAPHIC
_____	22	M	33	A P G
_____	23	N	32	1 _____
_____	24	O	31	2 _____
_____	25	P	41	3 _____
_____	26	Q	42	_____
_____	27	R	43	_____
_____	28	S	44	4 _____

_____	_____	29	T	45		_____	_____	_____
_____	_____	30		46	5	_____	_____	_____
_____	_____	31		47		_____	_____	_____
_____	_____	32		48	COM	_____	_____	_____

**VIRGIN=NO RESTORATIONS, LIST FRACTURES,
ROTATIONS ETC IN COMMENTS**

/=No Info (Tooth not present when examination done)

J=Missing PM (Tooth missing from accident)

Primary Codes – Required

- | | |
|--------------------|---------------------|
| M=Mesial | D=Distal |
| F=Facial | I=Incisal |
| C=Crown | X=Missing |
| U=Unerupted | J=Missing PM |
| O=Occlusal | V=Virgin |
| L=Lingual | /=No Info |

Secondary Codes

- | | |
|--------------------|-----------------------|
| A=Anomlay | R=Root Canal |
| T=Denture | H=Porcelan |
| Q=3/4 Crown | G=Gold |
| E=Resin | Z=Temp/Caries |
| B=Decidious | S=Silver Amal |
| P=Pontic | N=Non-precious |

VI. DMORT FORMS

POST MORTEM DENTAL RECORD, HHS – 639

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Team Leader	List the name of the DMORT Leader and assisting dental personnel.
2	Post Mortem Examiners	List the post mortem staff involved with the examination.
3	Description	Show the appropriate WINID2 Codes listed on the HHS-637

VI. DMORT FORMS

POSITIVE DENTAL ID SUMMARY FORM, HHS-640

Purpose

This form allows DMORT examiners to make a positive identification of victims through the use of dental documentation

Preparation

The form is completed primarily by the assigned Anthropologist and Pathologist.

Distribution

The form becomes a portion of the total and final record for victims of accidents of multi-causality incidents. The Document Unit will maintain a record of all forms on the incident.

**POSITIVE DENTAL ID
SUMMARY FORM HHS-640**

NAME (last, first) _____ ME # _____ AK# _____

D.O.B. _____ SSN# _____ Date of ID: _____

US	US	1	FDI	APPROVED
1	1		18	DENTAL EXAMINER 1
2	2		17	
3	3		16	<div style="border: 1px solid black; padding: 5px;"> Print Name Signature </div>
4	4	A	15	
5	5	B	14	
6	6	C	13	
7	7	D	12	
8	8	E	11	
9	9	F	21	
10	10	G	22	DENTAL EXAMINER 2
11	11	H	23	<div style="border: 1px solid black; padding: 5px;"> Print Name Signature </div>
12	12	I	24	
13	13	J	25	
14	14		26	
15	15		27	
16	16		28	
17	17		38	
18	18		37	DENTAL EXAMINER 3
19	19		36	<div style="border: 1px solid black; padding: 5px;"> Print Name Signature </div>
20	20	K	35	
21	21	L	34	
22	22	M	33	
23	23	N	32	
24	24	O	32	
25	25	P	41	
26	26	Q	42	DENTAL TEAM LEADER
27	27	R	43	<div style="border: 1px solid black; padding: 5px;"> Print Name </div>
28	28	S	44	
29	29	T	45	
30	30		46	

31 _____ 31 47
32 _____ 32 48

Signature

Anthropology
(print) Signature/date

Pathology (print) Signature/date

DMORT Leader (print) Signature/date

USPHS (print) Signature/date

VI. DMORT FORMS

POSTIVE DENTAL ID SUMMARY FORM, HHS-640

ITEM NUMBER	ITEM TITLE	INSTRUCTIONS
1	Name	List the victim's name, last name, first name, and middle initial.
2	ME#	Show the license number of the assigned Medical Examiner/Coroner.
3	AK#	Show the license number of the assigned AK.
4	Dental Records	Show information on a tooth by tooth examination of the victim.
5	Dental Examiner	The form will be signed and dated by three assigned dental examiners.
6	Dental Leader	The dental team leader signs as verification of the examination completed.
7	Anthropology	Print the name of the assigned, in-charge anthropologist, sign and date.
8	Pathology	Print the name of the assigned, in-charge pathologist, sign and date.
9	DMORT Leader	Print the name of the assigned, in-charge DMORT Leader, sign and date.
10	USPHS	Print the name of the assigned, in-charge PHS representative (MST Leader), sign and date.