

ASSINIBOINE REGIONAL HEALTH AUTHORITY
MORGUE IDENTIFICATION FORM

Facility: _____ **Form Completed by:** _____

TRIAGE TAG #:	GENDER:	AGE:	HEIGHT:	WEIGHT:
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RACE: Caucasian ___ Native ___ Metis ___ Asian ___ African American ___ Other _____

COMPLEXION: Fair ___ Medium ___ Dark ___
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HAIR: Blonde ___ Light Brown ___ Dark Brown ___ Black ___ Red ___ Grey ___ Other
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EYES: Blue ___ Brown ___ Green ___ Hazel ___ Black ___
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TEETH: Natural ___ Partial ___ Dentures ___

IDENTIFYING MARKS (tattoos, piercings moles, birthmarks, etc.)
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PERSONAL EFFECTS (Identify and describe, eg watch, jewelery, clothing)
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DATE OF ARRIVAL TO FACILITY: _____ TIME: _____ (estimate if not known)
DOA: YES NO ESTIMATED TIME OF DEATH: _____
NAME IF KNOWN OR IDENTIFIED: _____ DISPOSITION: _____