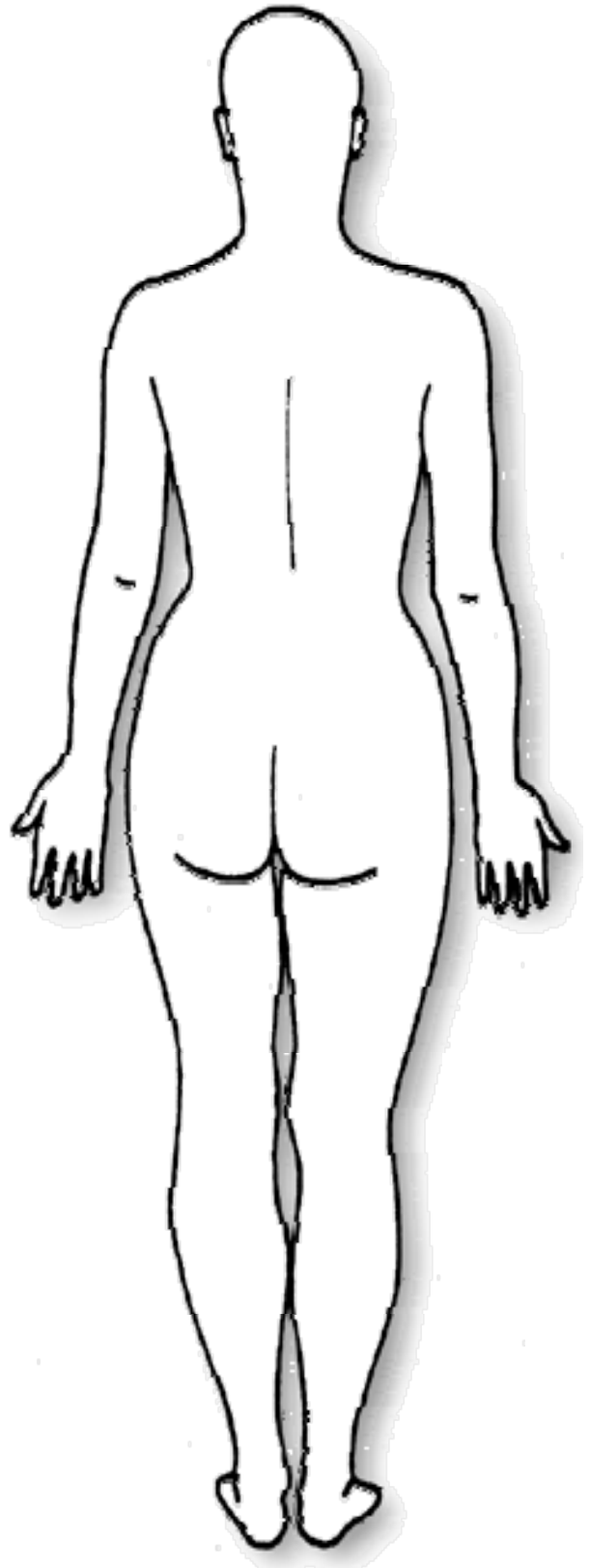
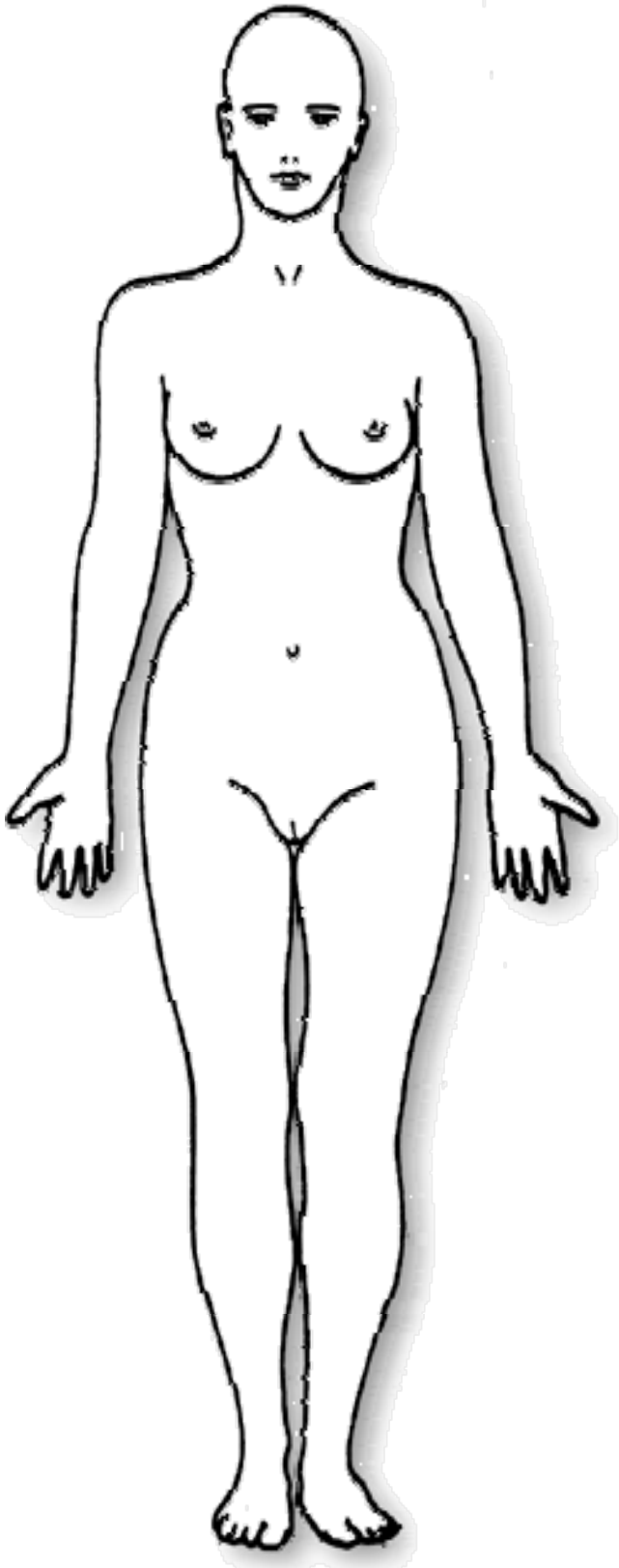


DOB: _____ AGE: _____

D/H OF DEATH: _____

D/H OF AUTOPSY: _____



Height _____ Eyes _____

Weight _____ Hair _____ Teeth _____