# Evidence Receipt

Day: _____ Date:_____ Time:_____ Case Number:_____

Decedent's Name: _____ DOB:_____ Age/Race/Sex_____

Location (Address or Facility Name):_____

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| Item # | Description of Evidence |
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| CHAIN OF CUSTODY | | | | | |
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| Item # | Location or Person Receiving | Signature | Agency | Location | Date/Time |
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| SPECIAL REQUESTS/NOTES |
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