

LOCAL CHILD FATALITY REVIEW TEAM

MEETING ANNOUNCEMENT & SCHEDULE

In accordance with Statute 17-5-541 of the South Carolina Code of Laws, the _____
County Coroner's Office, has scheduled a Child Fatality Review in reference to the death of,
_____.

Coroner Case # _____

Date of Death: _____

Place of Death _____

Incident Location (if different from above): _____

Date of Meeting _____

Location of Meeting: _____

This meeting shall review the circumstances of this child's death; this child was under the age of
eighteen at the time of his / her death.

Coroner's Office Investigator Signature

Date

Printed Name

Elected Coroner Signature

Date

County Coroner's Office: _____

Address: _____

City, State _____

Office Number: _____

Facsimile: _____

Email: _____