

REPORT VETERAN SUICIDES WITHIN 10 DAYS.

Submit to: NYS Department of Veterans' Services
2 Empire State Plaza 17th Floor
Attn: Deputy Commissioner of Administration
Albany, NY 12223

INSTRUCTIONS

Complete all sections for suicides where veteran status is confirmed. Use black ink or type. Retain copy for records.

1. REPORTER IDENTIFICATION

Reporter First Name: _____

Reporter Last Name: _____

Role (Check One): ☐ Coroner ☐ Medical Examiner ☐ Coroner's Physician

Agency: _____

County: _____

Phone: _____ E-mail: _____

Date of Report (MM/DD/YYYY-MM/DD/YYYY): _____ to _____

2. DECEDENT INFORMATION

Month of Death: _____ Year of Death: _____

County of Residence: _____

3. VETERAN SERVICE BRANCH

Branch of Service: _____

Service Period (MM/DD/YYYY-MM/DD/YYYY): _____ to _____

4. CERTIFICATION

I certify that the above information is true and complete to the best of my knowledge, based on an investigation conducted pursuant to the requirements of Article 17-a of the New York State County Law.

Signature: _____ Title: _____ Date: _____