

FILING AFFIDAVIT – CORONER

STATE OF SOUTH CAROLINA

County of _____

I, _____, being duly sworn, hereby state or affirm that:

1. I am offering my candidacy for the Office of Coroner via nomination by _____.
2. As evidenced by the statements and information selected, indicated, or otherwise provided below, I meet all of the qualification requirements for Coroner set forth in S.C. Code § 17-5-130.
3. My date of birth is _____ and my place of birth is _____.
4. I am a citizen of the United States.
5. I am a resident of _____ County and have been a resident for _____ years.
6. I am a registered voter in _____ County.
7. I will have attained the age of at least twenty-one years prior to the date of election for this office.
8. I obtained a high school diploma or its recognized equivalent by the State Department of Education on the following date: _____.
9. I have not been convicted of a felony or an offense involving moral turpitude contrary to the laws of this State, another state, or the United States.
10. I meet at least one of the following education and/or experience requirements: *[check all that apply]*

I have at least three years of experience in death investigation with a law enforcement agency, coroner, or medical examiner agency.

I have a two-year associate degree **and** two years of experience in death investigation with a law enforcement agency, coroner, or medical examiner agency.

I have a four-year baccalaureate degree **and** one year of experience in death investigation with a law enforcement agency, coroner, or medical examiner agency.

I am a law enforcement officer, as defined by S.C. Code § 23-23-10(E)(1), who is certified by the S.C. Law Enforcement Training Council (the “Training Council”) with a minimum of two years of experience.

I have completed a forensic science degree or certification program recognized by the S.C. Coroners Training Advisory Committee (the “Advisory Committee”) **or** I am enrolled in a forensic science degree or certification program recognized by the Advisory Committee to be completed within one year of being elected coroner.

I am a medical doctor.

I have a Bachelor of Science degree in nursing.

11. The following supplemental education and experience information is provided to the extent applicable:
 - 1) I received an associate degree on the following date: _____.
 - 2) I received a baccalaureate degree on the following date: _____.
 - 3) I completed a forensic science degree or certification program recognized by the Advisory Committee on the following date: _____.
 - 4) I am enrolled in the following forensic science degree or certification program recognized by the Advisory Committee to be completed within one year of being elected to the office of coroner: _____.
 - 5) I have _____ years of experience as a death investigator.
 - 6) I have _____ years of experience as a law enforcement officer certified by the Training Council.

Candidate Signature		Notary Signature	
Candidate Address		Sworn before me on this date	
		Commission expiration date	