

# TSpD-F704: Death / Incident Claim Verification Form

## Historical Research & Location Records

Test death, accident, crime, or tragedy claims against records and reliable sources.

CASE / INVESTIGATION INFORMATION

Case ID	Case Name / Location
<input type="text"/>	<input type="text"/>
Date	Area / Zone
<input type="text"/>	<input type="text"/>
Investigator / Prepared By	Case Question
<input type="text"/>	<input type="text"/>

PRIMARY RECORD

Claim / source / record	Date / place / person
<input type="text"/>	<input type="text"/>
Source details / citation	Verification status / relevance
<input type="text"/>	<input type="text"/>

METHOD / INTEGRITY CHECKLIST

- ☐ Source identified
- ☐ Citation or archive noted
- ☐ Claim reliability assessed
- ☐ Confirmed/unconfirmed status marked

LOG / DETAIL ENTRIES

Claim / Source	Date / Record	Citation / Archive	Reliability
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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NOTES / FOLLOW-UP

Additional notes, next steps, limitations, or report language

Completed by

Date completed