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| Full Name of Deceased  Sex of Deceased:  Male  Female Date of Death:  /  /  Month Day Year  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City of Death State of Death  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  County of Death  - -  Social Security Number of Deceased |
| The measurement of children’s health is a primary research aim of the National Children’s Study (NCS). Information from the death certificate will only be used for statistical purposes in health research. We are asking you to authorize the state office of vital records to release the death certificate information of the person named above to researchers from the NCS.  Death certificate information will be used for research purposes only. All information will be kept private. Names and other identifying information will not be released without your permission.  **I PERMIT** the NCS to obtain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s death certificate information.  **I DO NOT PERMIT** the NCS to obtain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s death certificate information. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed relative name (first, middle, last) Signature of relative  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to deceased  Date signed: // - -  m m d d y y y y Phone number |
| Questions related to the collection of death certificate information can be answered by NCS staff at 1-877-865-2619. |