**FAX requesting death certificates Attachment 2C**

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**State letterhead**

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**FAX TRANSMISSION**

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This document and any attachments are confidential and intended solely   
for the individual or entity to whom they are addressed. If you have   
received this fax in error, destroy it immediately.

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Date:

**Please deliver to:**  [Name, address, fax, and phone]

Total number of pages including this sheet: \_\_\_\_\_\_\_\_\_\_

**Please fax or mail Death Certificates for the persons listed below to:**

[ Name, address, fax, and phone of CFOI state agency ]

Thank you for your time.

[Name of CFOI contact]

**Name SS# Date of death**

John Doe xxx-yy-zzzz mm/dd/yyyy

Jane Smith yyy-xx-aaaa mm/dd/yyyy

**End of list**