

STATE LETTERHEAD

FAX TRANSMISSION

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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]

<u>Name</u>	<u>SS#</u>	<u>Date of death</u>
John Doe	xxx-yy-zzzz	mm/dd/yyyy
Jane Smith	yyy-xx-aaaa	mm/dd/yyyy

**End of list**