
STATE LETTERHEAD

FAX TRANSMISSION

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.

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