	Form Approved – CDC/NIOSH 2.6 OMB No. 0920-0020					
	U.S. DEPARTMENT OF I Centers for Disea National Institute for O <b>Consent, Release a</b> Federal Coal Mine F	ase Control Occupationa nd History	and Prevention al Safety and H Form for Auto	n lealth o <b>psy</b>		
I,			of			do hereby
Name	Relation	nship		Name of dece	ased miner	
authorize the performance of an autopsy (	Limitation, if any, on a	utopsy				port and certain
tissue (as necessary) will be released to the	United States Public Health	i Service ar	nd to	Name of phy	vsician securin	g autopsy
I understand that any claims in regard to the	deceased for which I may s	sign a gene	ral release of r	nedical informa	tion will result	in the release of the
information from the Public Health Service.	I further understand that I sl	hall not mal	ke any paymer	nt for the autops	sy.	
OCCUPATIONAL AND MEDICAL HISTOR	Y					
1. Date of Birth of Deceased	Month D	ay	Year			
2. Social Security Number of Deceased Note: Full SSN is optional; last 4 digits is						
3. Date and Place of Death	Month, Day, Year	City Cou	inty, State			
4. Place of Last Mining Employment: Name of Mine						
Name of Mining Company						
Mine Address						
5. Date of Last Work or Retirement						
6. Last Job Title at Mine of Last Employmer (specify surface or underground)		perator, Mo	torman, Forem	an, etc.		
7. Job Title of Principal Mining Occupation (t (specify surface or underground)	he job to which miner devot	ed the mos	t number of ye	ears)		
<ul> <li>8. Smoking History of Miner:</li> <li>(a) Did the miner ever smoke ciga</li> <li>(b) If yes, for how many years?</li> <li>(c) If yes, how many cigarettes pe</li> <li>(d) Did the miner smoke cigarettes</li> <li>(e) If no to (d), for how long before</li> </ul>	Years r day did the miner smoke o s up until the time of death?	-	9 Nur Yes N	mber of cigareti lo	es per day	
9. Total Years in Surface Coal Mining, by S						
10. Total Years in Underground Coal Mining	( <i>Years)</i> g, by State (if known)		(State)			
		(Years)	(Sta	te)		
			Signature			
			Street			
			City	State	Zip	
			Telephone			
			Date			

Date Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS H21-8, Atlanta, Georgia 30333; ATTN: Paperwork Reduction Project (0920-0020)