

TENNESSEE DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS

APPLICATION FOR VERIFICATION OF DEATH FACTS

THIS APPLICATION <u>MUST</u> BE ACCOMPANIED BY A CHECK OR MONEY ORDER MADE PAYABLE TO TENNESSEE VITAL RECORDS FOR \$15.00.

Name and ma	iling address where ve	erification is to be	e sent:	
Name of Individual or Requesting Agency				
Street Address				Telephone No.
City		State		Zip
	e Office of Vital Recor m the record you are		ch the files of death r	ecords, please provide the following
Year of Death Name of Dec		ased Person		
Also complete a more accura		u have that infor	mation. This allows tl	ne Office of Vital Records to perform
no record is for additional year	ound. If you want to	search more th Records maintair	an one year of recor	d above. This fee is charged even if ds, please enclose \$15.00 for each ne past fifty (50) years. Earlier years
1. Full name	of Deceased:			
2. Date of De	ath:	First	Middle	Last
3. Place of Do	Month	Day	Year	
	City at Time of Death:	County		State
 Nesidence Decedent's 		City	County	State
Mother	'S: First		Лiddle	Maiden Name
Father'	S:		<i>M</i> iddle	 Last

MAIL THIS APPLICATION TO:

Tennessee Department of Health **OFFICE OF VITAL RECORDS** Andrew Johnson Tower, 1st Floor 710 James Robertson Parkway Nashville, TN 37243

PH-3055 (Rev.06/15) RDA 10112

DO NOT WRITE BELOW. THE STAFF AT THE OFFICE OF VITAL RECORDS WILL ENTER INFORMATION.

This form is not a death certificate.

The information is transcribed from the original document.

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1.	Name of Decedent:					
2.	Sex:					
3.	Date of Death: 4. Age at time of Death:					
5.	Date of Birth:					
6.	Place of Birth:					
7.	Was Decedent Ever in the Armed Forces:					
8.	Place of Death:					
	. Facility Name and Address:					
10.	Marital Status:					
	11. Spouse's Name:					
	12. Decedent's Occupation – Kind of Business:					
	Decedent's Residence:					
14.	Race: 16. Education:					
17.	Father's Name:					
	Mother's Name:					
	Informant's Name:					
20.	Informant's Relationship:					
	Mailing Address:					
22.	22. Method – Place of Disposition:					
	Funeral Director:					
	Embalmer:					
	Name and Address of Funeral Home:					
26.	26. Medical Examiner's Name and Address:					
27.	Physician's Name and Address:					
28.	Date Certificate Filed:					
	Other Information:					
	We were unable to locate a certificate Verified By:					
	with information given. Title: Date Verified:					
	Date vermed.					

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