

Name and mailing address where verification is to be sent:

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 of Individual or Requesting Agency				Date (
Street Address				Telephone No.	
City		State		Zip	
In order for the O information from t			the files of death rec	ords, please provide the follo	owing
Year of Death	Name of Dece	eased Person			
a more accurate s A fee of \$15.00 is no record is foun	search. charged for the s d. If you want to he Office of Vital	earch of the year a search more tha Records maintains	nd the name entered and one year of records	Office of Vital Records to perabove. This fee is charged enclose \$15.00 for past fifty (50) years. Earlier	ven i each
1. Full name of D	Deceased:				
2 Data of Dooth		First	Middle	Last	
2. Date of Death	: Month	First Day	Middle Year	Last	
 Date of Death Place of Death 	Month	Day	Year		
3. Place of Deatl	Month 1: City	Day		Last	
	Month City Time of Death:	Day	Year		
 Place of Death Residence at 	Month City Time of Death:	Day	Year	State	
 Place of Death Residence at Decedent's parameter Mother's: 	Month City Time of Death:	Day Co	Year	State	
 Place of Death Residence at Decedent's parameter Mother's: 	Month City Time of Death: arents:	Day Co	Year unty County	State State	

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.		
1.	Name of Decedent:	
	Sex:	
	Date of Death: 4. Age at time of Death:	
	Date of Birth:	
	Place of Birth:	
7.	Was Decedent Ever in the Armed Forces:	
	Place of Death:	
	Facility Name and Address:	
	Marital Status:	
	Spouse's Name:	
	Decedent's Occupation – Kind of Business:	
13.	Decedent's Residence:	
	Race: 16. Education:	
	Father's Name:	
	Mother's Name:	
	Informant's Name:	
	Informant's Relationship:	
	Mailing Address:	
	Method – Place of Disposition:	
	Funeral Director:	
	Embalmer:	
	Name and Address of Funeral Home:	
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 with information given. Verified By: Title: Date Verified:	

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