

SAVE AS

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DEATH VERIFICATION

Center for Policy Planning and Evaluation
Vital Records Division

TODAY'S DATE:

TO WHOM IT CONCERNS:

THIS IS TO HEREBY VERIFY AND CONFIRM THAT THE FOLLOWING REPRESENTS A TRUE AND ACCURATE ACCOUNT OF THE DEATH RECORD INFORMATION ON FILE WITH THE DISTRICT OF COLUMBIA VITAL RECORDS DIVISION FOR:

DECEDENT'S NAME:

DECEDENT ALSO KNOWN AS:

DECEDENT'S DATE OF DEATH:

DECEDENT'S DATE OF BIRTH:

SPOUSE'S NAME:

CERTIFICATE NUMBER:

DATE FILED:

LOCATION: Washington, DC

PLACE OF DISPOSITON:

CONTACT (202) 442-9327 IF YOU HAVE ANY QUESTIONS OR NEED ANY FURTHER INFORMATION REGARDING THIS MATTER.

SIGNED BY: RUDOLPH BROTHERS

SIGNATURE:

TITLE: Supervisor – Customer Service and Certification Operations Unit (CSCO)
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EMAIL: RUDOLPH.BROTHERS@DC.GOV