

FREEDOM OF INFORMATION ACT REQUEST-RECORDS FOR DECEASED INDIVIDUAL

I would like to request a copy of the following records pertaining to a **deceased** individual:

- | | | |
|-----------------|----------------------------|-----------------------------------|
| Medical Records | Medical X-rays | Badge History Report |
| Personnel File | Radiation Exposure Records | Other records as described below: |

Full Legal Name of Deceased: _____

Other Names Known By: _____

Deceased Social Security Number: _____ Deceased Date of Birth: _____

Other information, payroll number(s), employee identification number(s), badge numbers, dates of employment, contractor name(s), etc., that may assist in locating records:

To verify proof of death, I have enclosed a copy of the Certificate of Death, obituary notice, or similar proof for the deceased individual.

My Name: _____

Address: _____

Email: _____ Phone: _____

I understand the criminal penalty in the Privacy Act for requesting or obtaining access to records under false pretenses (5 U.S.C.552a (i)(3)) and I declare under penalty of perjury (18 U.S.C. 1001) that the information I have provided is true and correct.

Signature: _____ Date: _____

Upon completion of this form, mail to:
U.S. Department of Energy, Hanford Field Office
FOIA / PA Program Office
PO Box 550, Mail Stop H5-20
Richland, WA 99352

Or you may fax the information to: (509) 376-9704

This form is considered Official Use Only when filled out