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 ☐ Training Records ☐ 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 number(s), 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.**

☐ **To obtain protected medical and personal information, I have provided proof of lineage (typically being listed on a death certificate or a birth certificate) and copies of two valid pieces of identification.**

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 fax to:
(509) 376-9704

This form is considered Official Use Only when filled out.