

F103b

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Data Request: Deceased Registrant

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Approved by

Sergei Y. Tolmachev, Director
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To request information on behalf of a deceased individual, the requestor must be next of kin and provide a copy of the death certificate.

To protect our Registrants' information, we require proof of your identity. To request information by mail, your signature on this form must be notarized OR the person requesting information must provide a photocopy of two identifying documents bearing your name and signature, one of which shall bear your current home or business address and date of birth (e.g. driver's license). To request information in person, you must present one identifying document bearing your photograph and signature (i.e. driver's license or passport).

Part A: Individual for Whom Data is Requested

Full Name

Most Recent Address

City

State

Zip Code

Social Security Number

Date of Birth

Date of Death

Part B: Individual Making Request

To request information on behalf of a deceased Registrant, the requestor must be next of kin.

Full Name

Telephone Number

Mailing Address

City

State

Zip Code

Relationship to individual in Part A

Part C: Determine Registrant Status

☐ Did the above individual in Part A donate tissues to the USTUR?

Facilities where the individual worked with or around plutonium, americium, uranium, or other actinides

Part D: Records Request

☐ Please send a copy of the following records:

Part E: Checklist and Signature

Please confirm that you have included the following:

☐ Death Certificate

☐ Notarized signature on this form
(if submitting request by mail)

OR

☐ Photocopy of identifying document bearing
your name, signature, current home or
business address, and date of birth (e.g.
driver's license or passport)

☐ Photocopy of identifying document bearing
your name and signature

I hereby certify that I am the individual named in Part B of this request, and that all information on this form is true and correct.

Full Name

Date

Signature

Administrative Use Only

☐ Approved

☐ Not Approved

Reason: _____

Director's Signature

Date