

# F103b

Created 09/19  
Revised 02/21



## Data Request: Deceased Registrant

Approved by

Sergei Y. Tolmachev, Director  
February 2021

*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

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Full Name

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Most Recent Address

City

State

Zip Code

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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.*

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Full Name

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Telephone Number

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Mailing Address

City

State

Zip Code

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Relationship to individual in Part A

### Part C: Determine Registrant Status

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

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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:

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**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)

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.

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Full Name

Date

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Signature

**Administrative Use Only**

Approved

Not Approved

Reason: \_\_\_\_\_

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Director's Signature

Date