

Notarized Authorization for a Third-Party to Obtain a Death Certificate

I, of the following death certificate:	, hereby authorize	to obtain copy (ies)
Decedent's Name:		
Date of Death:		
Place of Death:		
My Relationship to Decedent:		
Signed	Phone Number	
Date		
State of		
County of		
On theday of	in the year, before n	ne, the undersigned, personally
	proved to me on the basis of s	
	ribed to the within instrument and acknow	-
	at by his/her signature on the instrument, dual acted, executed the instrument.	the individual, or the person

Notary Public