FREEDOM OF INFORMATION ACT REQUEST – RECORDS FOR DECEASED INDIVIDUAL

Requests may be submitted by regular mail, e-mail or fax to:

Department of Energy
Environmental Management Consolidated Business Center
FOIA Requester Service Center
550 Main Street, Room 7-335,
Cincinnati, OH 45202
Phone: (513) 246-0579
E-mail: foiaoffice@emcbc.doe.gov

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

☐ Medical Records ☐ X-ray reports ☐ Occupational & Industrial Records
☐ Personnel Records ☐ Radiation Exposure Records ☐ Other records as described below:

_____

_____

I would like these records in the following format:
☐ Paper Copies mailed to my address ☐ Electronic copies saved to a flash drive and mailed to my address
☐ Electronic copies e-mailed to the following e-mail address: _____

The following information should provide you with everything you need to process this request:

Name of Deceased: _____(Please Print)

Deceased Social Security Number: _____

Deceased Was Employed by _____at _____

Cost Information (requests *must* address the issue of fees):
Maximum cost that I am willing to pay for records: $_____ (you will be informed if estimated costs exceed the agreed upon amount)

To verify proof of death:

(1) I have completed this form and:

(2) I have enclosed a document establishing proof of death, such as a death certificate, obituary notice or similar proof.

When the above requested records are found, please forward them to me or another person I have designated to receive my records on my behalf at the following address:

Name: _____

Address: _____

E-Mail Address: _____ Phone Number: _____

Date: _____