

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 7-010,
Cincinnati, OH 45202
Phone: (513) 246-0497
E-mail: foiaoffice@emcbc.doe.gov

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Medical Records | <input type="checkbox"/> X-ray reports | <input type="checkbox"/> Occupational & Industrial Records |
| <input type="checkbox"/> Personnel Records | <input type="checkbox"/> Radiation Exposure Records | <input type="checkbox"/> 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: _____