

**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  
250 East 5th Street, Suite 500, Cincinnati, OH 45202  
Phone: (513) 246-0489  
Fax: (513) 246-0489 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:

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I would like these records in the following format:

- Paper Copies mailed to my address       Electronic Copies saved to CD/DVD 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: \_\_\_ (1) contact me at the number below to pick them in person; or \_\_\_ (2) forward them to me or another person I have designated to receive my records on my behalf at the following address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I can be reached at \_\_\_\_\_ if any further information is needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_