

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Office of Vital Records

Department of Health

Address of Vital Records Office

City, State, Zip Code

Subject: Request for Death Certificate

Dear Sir/Madam,

I am writing to formally request a certified copy of the death certificate for [Full Name of Deceased], who passed away on [Date of Death]. This document is required for legal verification purposes.

The details pertaining to the deceased are as follows:

- Full Name: [Full Name of Deceased]
- Date of Birth: [Date of Birth]
- Date of Death: [Date of Death]
- Place of Death: [Place of Death]

For identification purposes, I have enclosed a copy of my identification document along with any required fees. If you need further information, please feel free to contact me at the provided phone number or email address.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]