



**REQUEST TO VITAL STATISTICS UNIT
FOR CONFIDENTIAL VERIFICATION OF DEATH**
DEPARTMENT OF HEALTH AND HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 420 (9-2024)

TO: Vital Statistics Department of Health and Human Services 600 East Blvd Ave Dept 325 Bismarck ND 58505	Date Requested
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Verification of the following items is needed for official purposes by the agency named below.

Human Service Zone			
Address	City	State	ZIP Code
Name	Case Number		

SECTION I. (Complete every item in this section)

1. Full Name of Deceased (First - Middle - Last)	2. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Date of Birth (Month - Day - Year)	4. Place of Death (City or Township - County)
5. Name of Spouse	6. Usual Residence (at time of death)
7. Additional Information (if any)	
Signature of Person Making This Request	Title

SECTION II. (For use of Vital Statistics Office only)

Correction of above statements made according to facts on record in Vital Statistics Office	
File Number	Filing Date

This is to verify that the above data as corrected are true and correct according to the record on file in this office. These data are to be used only for the official purposes of the agency named above.

Date Verified	Verified By
	Title

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COPY - Human Service Zone**