



**REQUEST TO DIVISION OF VITAL STATISTICS
FOR CONFIDENTIAL VERIFICATION OF DEATH**

ND DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 420 (Rev. 04-2005)

TO: Division of Vital Statistics State Department of Health State Capitol Bismarck ND 58505	Date Requested
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Verification of the following items is needed for official purposes by the agency named below.

Social Service Board		Name	
Address		Case Number	
City	State	Zip Code	

SECTION I. (Fill in every item in this section)

1. Full Name of Deceased (First - Middle - Last)		2. Sex Male Female	
3. Date of Death (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

DISTRIBUTION: **Original** - State Department of Health
 Copy - County Social Service Board