



**ERIE COUNTY PUBLIC HEALTH
OFFICE OF VITAL RECORDS
PROOF OF RELATIONSHIP VERIFICATION ADDENDUM**

I _____ am hereby requesting that the social security number
appear on the death certificate for _____
whose death occurred on ____/____/____ in Erie County Ohio.

(Signature of Requestor) _____/_____/_____
(Date)

(Signature of Notary) _____/_____/_____
(Commission Expiration Date)

For Official Use Only

Local Registrar/SFN No.	Security Paper No.	Verified By
Relationship to the Decedent		Proof of Relationship Used
<ul style="list-style-type: none"> <input type="checkbox"/> Spouse or legal partner <input type="checkbox"/> Natural or adopted child <input type="checkbox"/> Natural or adopted grandchild or great-grandchild <input type="checkbox"/> Licensed funeral director or agent <input type="checkbox"/> Federal/state/local government official <input type="checkbox"/> Press or media <input type="checkbox"/> Executor or administrator of the estate or an agent <input type="checkbox"/> Agent with power of attorney <input type="checkbox"/> Private investigator <input type="checkbox"/> Other: _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Current state issued photo identification plus one of the following (lineal descendants only) <input type="checkbox"/> Marriage license <input type="checkbox"/> Decedent's Certificate of Death designating the name of the surviving spouse <input type="checkbox"/> Birth certificate or birth certification <input type="checkbox"/> Income tax return (1040) <input type="checkbox"/> Bank account documentation (joint) <input type="checkbox"/> Will or legal documentation <input type="checkbox"/> Medical or life insurance policy <input type="checkbox"/> Baptismal record <input type="checkbox"/> Notarized affidavit of relationship <input type="checkbox"/> Employee identification badge <input type="checkbox"/> Written agency request on letterhead <input type="checkbox"/> Written authorization executed by the decedent <input type="checkbox"/> Legal documentation issued by a US Court <input type="checkbox"/> Other: _____ 	