

## SUMMIT COUNTY PUBLIC HEALTH OFFICE OF VITAL RECORDS PROOF OF RELATIONSHIP VERIFICATION ADDENDUM

I am hereby requesting that the social security num				
appear on the death certificate for				
whose death occurred on/ in Summit County Ohio.				
(Signature of Requestor)	// (Date)			
(Signature of Notary)	// (Commission Expiration Date)			

## For Official Use Only

L	ocal Registrar/SFN No.	Security Paper No.		r No.	Verified By	
	Relationship to the Decedent			Proof of Relationship Used		
	Spouse or legal partner Natural or adopted child Natural or adopted grandchild grandchild Licensed funeral director or a Federal/state/local governme Press or media Executor or administrator of th an agent Agent with power of attorney Private investigator Other:	gent nt official	<ul> <li>Current state issued photo identification plus one of the following (lineal descendants only)</li> <li>Marriage license</li> <li>Decedent's Certificate of Death designating the name of the surviving spouse</li> </ul>		the following (lineal s only) ense Certificate of Death the name of the surviving rate or birth certification return (1040) int documentation (joint) documentation ife insurance policy ecord ffidavit of relationship dentification badge ncy request on letterhead horization executed by the	