

DO NOT FILL IN BLANKS
◆◆◆◆AUTHORIZATION MUST BE HAND WRITTEN◆◆◆◆

DEPARTMENT OF HEALTH – CITY OF NEW YORK

**Bureau of Vital Records
125 Worth Street
New York, NY 10039**

RE: DEATH CERTIFICATE DUPLICATE

To Whom It May Concern:

This is to certify that I, _____ do hereby give full
(Print Name)
permission and authorization for **ROBERTO VAZQUEZ, ALFONSO SANCHEZ,**
MICHAEL HALLIDAY, STAFFORD BRENT and SARAH BONANO of
PASSPORT PLUS, INC. to pick up copies of a Death Certificate, on my behalf, now
being held in the Office of The
Bureau of Vital records.

(Signature)

(Date)

State of New York

County of _____

Sworn to before me this _____ **day of** _____ **2** _____

Notary Public

