ANDY WILSON
OHIO ATTORNEY GENERAL

Identification
Office 740-845-2212
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NOTIFICATION OF DEATH

REPORTING
AGENCY_____

NAME OF
DECEASED_____

ALIAS_____ DATE OF DEATH_____

DOB_____

CAUSE OF
DEATH_____

FINGERPRINT CLASS_____ SSN_____

BCI#_____
FBI#_____

SIGNATURE OF REPORTING OFFICIAL_____

TITLE_____

(IF AVAILABLE) ROLLED IMPRESSION
OF RIGHT INDEX FINGER. IF ANOTHER
FINGER, PLEASE SPECIFY.