

## Commonwealth Healthcare Corporation Commonwealth of the Northern Mariana Islands Health & Vital Statistics Office AFFIDAVIT TO RELEASE DEATH CERTIFICATE



(If you are eligible to receive the death certificate requested below, you may use this form to name another person to receive the death certificate for you.)

My Name is: (print full name)			
I am eligible, by law, to receive the d	leath certificate request	ted below, because I an	n the: (check one)
			emonstrates his/her interest in estate
I authorize the Commonwealth Healt of:	heare Corporation's H	ealth and Vital Statistic	es Office to issue the death certificate
	to		
(Decedent named on death cert	tificate)	(Print name of pers	son to receive the death certificate)
I have attached a photocopy of my vi	alid photo ID:		
I have attached a photocopy of my va		(Type of Identification of	uttached)
years, or both, shall be imposed false or fraudulent purposes.		villfully and knowingly o	\$10,000 or imprisonment of not more than 5 obtains and uses a CNMI vital record under NT OF A NOTARY.
I hereby swear or affirm the above st  (Signature of person ch		correct.	
, G 71		STATEMENT	
Name of Notary:			
			NOTARY SEAL
Date Commission Expires:			
Identification Presented: [ ] Driver'		O[] Passport	
ID Number:	Place of Issue	e:	
Issue Date (mm/dd/yyyy) :			
OATH: By signing this document, I ce performing my notarial duties, that I am	rtify that I am a licensed not related to the above	d notary under the laws a affiant, that I have perso	and regulations of the State for which I am nally witnessed him/her sign this document, ove notated identification document and the
Signature of Notary Form#: HVSO-ARDC001(20210304)		Notarization (mm/dd/yyy	y):