

# PENNSYLVANIA CHILD DEATH REVIEW REQUEST FOR DEATH CERTIFICATE SEARCH

PLEASE FILL OUT THE INFORMATION BELOW AND FAX BACK TO THE PAAAP OFFICE.

To: **CDR Staff** \_\_\_\_\_ Fax: **(484) 446-3255** \_\_\_\_\_

From: \_\_\_\_\_ Date: \_\_\_\_\_

County CDR Team: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Requesting a search for death certificate information for the following children:**

1. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

2. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

3. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

4. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

5. Name \_\_\_\_\_ Date of Death \_\_\_\_\_ Age \_\_\_\_\_

Confidentiality Note: This FAX transmission contains information that is confidential and/or legally privileged. This information is intended for the use of the individual or entity named on this FAX sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reference to the contents of this Faxed information is strictly prohibited. If you have received this FAX in error, please notify us by telephone (484) 484-3001 immediately so that we can arrange for the return of the original documents at no cost to you. Thank You. Pennsylvania Child Death Review.