

Date: _____

New York City Department of Health and Mental Hygiene
The City Of New York

To The Office of Vital Records:

I, _____, hereby authorize the New York City Department of Health and Mental Hygiene of the City of New York to release the Death Certificate document (s) to Kenneth A. Edelstein.

(Signature)

(Print Your Name)

State of _____

County of _____

Sworn to before me this _____ day of _____, 20_____.

X _____
(Notary Public State of _____)