

## Jasper County Coroner's Office

P.O. Box 614 • RIDGELAND, SOUTH CAROLINA 29936

PHONE: 843-547-8296

## FREEDOM OF INFORMATION ACT REQUEST

Requester Identification Dat	Date:
Name:	Relationship to Decedent:
	Title:
Address:	
Telephone:	Fax (Optional):
<b>Preferred Method of Transcript:</b>	
In PersonMailEmail	_Fax Appointed Designee
Decedent Information	
Name:	
Date of Birth:	
<b>Documents/Information Rec</b>	
date/date range of any document have that will aid in identifying th	the name of the document(s)/information you are requesting, tation you are requesting, and any other specifics you may be records/information you seek.
Description of records/information	on requested:
Name (Printed)	Signature
Office Use Only: Type of identification Provided: Case Number:	
Date Received:	Date Completed: