



## *Freedom of Information Act Request*

P.O. Box 51 (Tillman, SC 29943)

1504 Grays Hwy  
Ridgeland, SC 29936  
843-547-8296

*Willie P. Aiken*  
*Coroner*

### **Requester Identification Data**

**Date:** \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Organization's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: (Optional): \_\_\_\_\_

Preferred Method of Transcript  In Person  Mail  Email  Fax

Appointed Designee \_\_\_\_\_

### **Decedent Information**

Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Documents/Information Requested**

Please list, as clearly as possible, the name of the document(s)/information you are requesting, date/date range of any documentation you are requesting, and any other specifics you may have that will aid in identifying the records/information you seek.

**\*Reason/Validation for Request:** \_\_\_\_\_

**Description of records/information requested:** \_\_\_\_\_

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

#### **Office Use Only:**

Type of Identification Provided \_\_\_\_\_

Case Number \_\_\_\_\_

Date Received \_\_\_\_\_

Date Completed \_\_\_\_\_