

Jasper County Coroner's Office

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

PHONE: 843-547-8296



FREEDOM OF INFORMATION ACT REQUEST

Requester Identification Data	Date:
Name:	Relationship to Decedent:
	Title:
Email Address:	
Telephone:	Fax (Optional):
Preferred Method of Transcript:	
In PersonMailEmailFax	Appointed Designee
Decedent Information	
Name:	
Date of Death:	
Date of Birth:	
Documents/Information Request	ed
date/date range of any documentation y have that will aid in identifying the reco	me of the document(s)/information you are requesting, you are requesting, and any other specifics you may rds/information you seek.
Description of records/information req	uested:
Name (Printed)	Signature
Office Use Only: Type of identification Provided:	
Case Number:	
Date Received:	Date Completed: