



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: _____

Organization's Name: _____

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: _____