

**Michigan Long Term PBB Study**  
**Next of Kin Request for Transfer of Records Form**  
 Michigan Department of Health and Human Services

**PART 1 - APPLICANT'S INFORMATION**

Applicant's Name \_\_\_\_\_ State Driver's License or Identification # \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone w/area code: \_\_\_\_\_ Other Phone w/area code: \_\_\_\_\_

**PART 2 - CERTIFICATION OF INFORMATION PROVIDED**

By signing this application, I affirm that I am next of kin of the deceased individual named here in Part 4 of this form and request that all records of the deceased from the Michigan Department of Health and Human Service's Michigan Long-Term PBB Study be sent to me at the address above in Part 1 of this form.

Falsifying an application and/or assuming the identity of another person may subject an individual to criminal penalties.

► Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A copy of your current valid Government-issued photo ID or alternative is required with this application (See Identification Requirements Section for Alternative Documents)**

**PART 3 - ELIGIBILITY- Select the category that qualifies YOU as Next of Kin to request this record to be transferred to YOU.**

- Parent of deceased named on the record  
 Note: If adopted, only adoptive parents are eligible
  - Spouse or Heir of the deceased person named on the record  
 Relationship to the deceased: \_\_\_\_\_
  - Legal guardian of deceased named on the record  
 (Copy of court documented guardianship papers required)
  - Licensed attorney representing subject of the record  
 (Letter on official letterhead required: Must provide state bar number and the name of the person you represent along with client's identification)
- You are **required to provide** a certified copy of the death certificate for the deceased.

**PART 4 - DECEASED'S RECORDS INFORMATION – Please fill out as completely as possible using information from the death certificate**

Date of Birth (mm, dd, yyyy)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death (mm, dd, yyyy)
<b>Please include first, middle, and last names of the deceased person below at time of birth:</b>  Full Name at time of birth: _____		<b>Please include any other names used of the deceased person</b>  Other Full Name: _____ Other Full Name: _____
<b>Please include first, middle, and last names of the deceased person below at time of death:</b>  <input type="checkbox"/> Same as at time of birth Full Name at time of death: _____		<b>Address from death certificate</b> Residential Address: _____ City: _____ State: _____ Zip _____ Social Security Number (SSN): _____ - _____ - _____ <input type="checkbox"/> No SSN given

**PART 5 - APPLY BY MAIL**

**MAIL APPLICATION TO**

Michigan Department of Health and Human Services  
Division of Environmental Health – PBB cohort  
PO Box 30195  
Lansing, MI 48909

Please include the following:

- This application (Next of Kin Request for Transfer of Deceased Records Form)
- Copy of Current Valid Government Issued Photo ID for the applicant or alternative documents described in the Identification Requirements section of this page
- Certified Copy of deceased's death certificate
- Copy of a legal document that proves your Next of Kin relationship to the deceased (e.g. certified birth, marriage or death certificates, or Power of Attorney (POA) documentation).

Proof of relationship to the deceased follows the rules of intestate succession utilized by the Michigan Probate system (i.e. surviving spouse, or if none, surviving children, or if no surviving descendants, then decedent's parents.)

Deceased's records will be sent through the mail to the address designated in Applicant's Information Section (Part 1) once verification is completed. If additional verification is needed MDHHS will contact you by mail or telephone.

If you have any questions regarding this form please contact the MDHHS Division of Environmental Health at 517-335-8350

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability

**Administrative Section (Official Use Only)**

- Applicant Verified  
Date: \_\_\_\_\_
- Applicant's relationship to deceased verified  
Date: \_\_\_\_\_
- Deceased's Records Verified  
Date: \_\_\_\_\_
- Deceased's Records Mailed to Applicant  
Date: \_\_\_\_\_

**IDENTIFICATION REQUIREMENTS**

**For Next of Kin Request for Transfer of Deceased's Record  
Michigan Long Term Study PBB Cohort**

To request a deceased's record from the Michigan Long Term PBB Study, you are required to submit a certified government issued document or notarized Power of Attorney (POA) documentation to establish eligibility as Next of Kin to the deceased. Additionally, to prevent identity theft a copy of the applicant's current and valid government issued ID or alternative is required to be mailed along with this application or any documents that address the identity requirements in one of the tiers below.

**Tier 1 Documentation** that establishes identity by itself.

- √ U.S. or Foreign Passport
- √ U.S. Passport Card
- √ U.S. or U.S. Territories Driver's License or Identification Card
- √ U.S. Military Identification Card with **both** picture and signature
- √ Other U.S. or U.S. Territories issued document that meets the following criteria: Document must be unexpired. Document must contain a photograph and at least the following information: name, date of birth, date of expiration, signature, and address.

**Tier 2 Documentation** must include all documentation in one of the categories below:

- √ Any of the documents in Tier 1 that expired within the past 5 years and any one document from Tier 3 issued within the past year.
- √ Employment identification with photo, accompanied with a pay stub or W-2 form issued within the past year.
- √ Student identification with photo, accompanied by a current report card or other proof of current school enrollment. Both documents must be for the same institution.
- √ Department of Corrections identification card accompanied by probation or discharge papers issued within the past year.
- √ If an inmate is currently incarcerated, a Department of Corrections identification card, accompanied by a verification of incarceration issued within the past year.

**Tier 3 Documentation** must include at least three alternative documents of different types from the list below, one must have been issued within the past year:

- √ Any of the documents in Tier 1 expired more than 5 years.
- √ Social Security Card (must be signed)
- √ Marriage or Divorce certificate
- √ Your child's birth certificate
- √ IRS form W-2
- √ Paycheck stub
- √ Bank statement
- √ Voter registration
- √ Motor vehicle registration
- √ Health insurance card
- √ Utility Bill
- √ Doctor/hospital/dentist bill
- √ Religious/community organization documents (e.g. baptismal certificate)
- √ Military DD-214 discharge paper or equivalent
- √ School records
- √ Letter/benefit statement from a government agency, like Social Security Administration or IRS
- √ Land or rental agreement
- √ Military ID with **either** a picture **or** signature.
- √ Other documents that establish identity to a degree equivalent to those listed above.