



Travel Information Services, Inc.
INTERNATIONAL VISA SERVICE

CERTIFIED DEATH CERTIFICATE REQUEST FORM

Date: _____

To Whom It May Concern:

Please send a certified copy of the divorce decree for the following person:

Name: _____

Date of Death: _____

Place of Death: _____

Age: _____ Sex: _____ Race: _____

Funeral Home's name: _____

I authorize INTERNATIONAL VISA SERVICE, Atlanta, Georgia, to act as my representative in procuring a certified copy of this record.

Signature

Signed before me this ___ day of _____, 20__.

Notary Public

316 Hammond Drive NE | Atlanta, Georgia 30328 | 404-843-0005 | 800-627-1112
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