



**Dallas County  
SOUTHWESTERN INSTITUTE OF  
FORENSIC SCIENCES  
at Dallas**

2355 North Stemmons Freeway  
Dallas, Texas 75207  
Main #: 214-920-5900  
Records Dept. #: 214-920-5921 or 214-920-5920

RE: Request for **PROOF OF DEATH (S)**

Dear Records Department:

Attached is a check/money order/cashier's check/exact cash in the amount of five (\$5.00) dollars each, made payable to **only "Dallas County"**.

I am requesting Proof of Death (s) on the following person:

SWIFS Case Number: \_\_\_\_\_

Name of the Deceased: \_\_\_\_\_

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

Requestor's Name: \_\_\_\_\_

Requestor's Relationship to Deceased: \_\_\_\_\_

Requestor's Mailing Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

How Many Requesting: \_\_\_\_\_

Thank you,

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Signature of Requestor

Date