



**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 **Non-Communicable Disease Letter**

Dear Records Department:

I am requesting a Non-Communicable Disease Letter on the following person:

SWIFS Case Number: _____

Name of the Deceased: _____

Date of Death: _____

Funeral Home Name: _____

Name of Requestor: _____

Requestor Phone Number: _____

There is a fee of \$20.00 for a non-communicable disease letter due at time of request fulfillment. Payment made payable to only "Dallas County" for checks/cashier's checks or exact cash.

Thank you for your cooperation in this matter.

Sincerely,

Signature of Requestor

Date