

Date: \_\_\_\_\_

THE NEW YORK CITY DEPARTMENT OF  
**HEALTH and MENTAL HYGIENE**

To The Office of Vital Records:

I, \_\_\_\_\_, hereby authorize the  
New York City Department of Health and Mental Hygiene of the City of New York to release the Death  
Certificate document (s) to Camille A. Walters

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Your Name)

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

X \_\_\_\_\_  
(Notary Public State of \_\_\_\_\_)