

Oklahoma Funeral Board

3700 N. Classen, Ste 175

Oklahoma City, OK 73118

**REQUEST FOR DUPLICATION OF RECORDS PER OPEN RECORDS ACT - (Title 51 §24.a.1)**

**Right of Privacy - (Title 21 §839.1)**

**\*\*PROCESS FOR COMPLETION OF YOUR REQUEST WILL TAKE AN ESTIMATED 4-6 WEEKS**

**ORDERED BY:**

Name: \_\_\_\_\_ Firm: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Item(s) Requested: \_\_\_\_\_

\_\_\_\_\_ Plain or Certified (Circle one)

Locating Information: \_\_\_\_\_

(Name, Date of Birth, Establishment Name, Establishment Address, etc.)

Date of Public Record: \_\_\_\_\_ Purpose of Request: \_\_\_\_\_

Person Requesting Release of Record(s): \_\_\_\_\_

(Please Print Name)

Person/Company Representing: \_\_\_\_\_

(Please Print)

Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Signature of Person Making Request(s): \_\_\_\_\_

Date of Request: \_\_\_\_\_

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Signature of Person Authorized to Release Records: \_\_\_\_\_