



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
 OFFICE OF VITAL RECORDS
 710 James Robertson Parkway, 1st Floor, Andrew Johnson Tower
 Nashville, TN 37243

CERTIFICATION OF NEXT OF KINSHIP

Date: _____

I, _____, do hereby certify that I am the closest surviving next of kin to _____, who died on _____. My relationship to the decedent is _____. To my knowledge there are no other relatives more directly related the decedent. I certify that all who would have closer next of kin status are deceased.

Please provide name, relationship and date of death for the relatives who are now deceased but would have had a closer relationship.

Name	Relationship	Date of Death
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(Please Print All Information)

Signature	Address: _____
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City: _____	State _____	Zip: _____
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Print Name	Daytime Telephone: (____) _____
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