



Nevada Office of HIV Ryan White Part B Program Vital Status Request Form

INSTRUCTIONS: This form is to be completed digitally by the requesting user and forwarded to the Office of HIV via NVRWPB@health.nv.gov. For questions or help completing this form, please contact NVRWPB@health.nv.gov. Please allow up to three (3) business days for response. Handwritten forms will not be accepted.

Requesting Agency Information:

<i>Date</i>	
<i>Agency Name</i>	
<i>Person Requesting</i>	
<i>E-Mail</i>	

Client information:

First Name of Client	
Last Name of Client	
Date of Birth	
Social Security Number (if available)	

Vital Status Information:

(Screen Shot will be inserted by Ryan White Part B staff)