

FEMA Registration No. \_\_\_\_\_

**WRITTEN CONSENT FOR RELEASE OF INFORMATION FOR FUNERAL ASSISTANCE**

I, \_\_\_\_\_, born on \_\_\_\_\_,  
(first and last name of person giving consent) (date of birth of individual giving consent)  
in \_\_\_\_\_, and residing at \_\_\_\_\_, hereby  
(place of birth) (damaged dwelling address of individual giving consent)  
consent to disclosure of the information by FEMA under my Application Number \_\_\_\_\_  
to the organizations and/or individuals listed below. My phone number is \_\_\_\_\_.

I specifically consent to have the following information disclosed:

- My entire funeral assistance case files, amount of assistance; and
- My current contact information:

Name:	
Address:	
Phone number:	
E-mail address:	
FEMA Registration No.:	

The above information may be disclosed to the Louisiana Department of Justice, Office of the Attorney General. Additionally, I consent to have the above-named organization submit funeral assistance-related forms and documents on my behalf to FEMA.

This consent is made pursuant to and consistent with 28 U.S.C. § 1746. I declare, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
*(Signature of Applicant Providing Consent and Date)*