



District of Columbia
Office of the State Superintendent of Education

CERTIFICATION OF STUDENT DEATH

In accordance with OSSE's exit documentation requirements, please certify information below for the deceased student.

Student Name: _____

Date of Birth: _____

Name and Address of Cohort Responsible LEA or School

LEA Name: _____

School Name: _____

School Address: _____

School Phone: _____

Date of Death: _____

By signing below, I certify that to the best of my knowledge the student designated on this form is deceased. I further certify that efforts to secure an obituary or letter from the student's doctor verifying death have not been successful. I contend that efforts to secure a Death Certificate or other documentation of the student's death from the student's family would create an undue psychological hardship for the family.

School Official: _____

Title: _____

Signature: _____ Date: _____

