



NORTH CAROLINA
JUSTICE FOR STERILIZATION VICTIMS FOUNDATION
 A Division of the North Carolina Department of Administration
 www.sterilizationvictims.nc.gov

Third Party Verification Request
North Carolina Eugenics Board Program

Please complete this form and mail the notarized copy to:
 North Carolina Justice for Sterilization Victims Foundation
 1330 Mail Service Center • Raleigh, N.C. 27699-1330 • Office: (919) 807-4270

Third Party Verification

I believe that (name of potential victim) _____ may have been a victim of sterilization by the North Carolina Eugenics Board program.

Please check one of the following:

___ **Living Potential Victim**

The person potentially impacted is living and has granted his/her permission for me to access his/her records. *Proof of my permission to access these records for this living person accompanies this request in the form of a **General Power of Attorney, Health Care Power of Attorney or Letters of Appointment as Guardian.***

___ **Deceased Potential Victim** (Date of Death if known: (MM/DD/YYYY) _____)

The person potentially impacted is deceased. I am permitted access to these records as the Executor or Administrator of his/her estate. *Proof of my permission to access these records accompanies this request in the form of certified documents consisting of **Letters Testamentary or Letters of Administration** that name me as the Executor or Administrator of this estate.*

Section 1: Applicant's Information

Applicant's First, Middle, Last Name _____
 Maiden Name _____
 Applicant's Mailing Address _____
 City, State, Zip _____
 County _____
 Email _____
 Phone _____
 Applicant's Date of Birth (MM/DD/YYYY) _____
 Relation to Potential Victim: _____

Section 2: Potential Victim's Information

Part A: Current Information

Current First, Middle, Last Name _____
 Current Mailing Address _____
 City, State, Zip _____
 County _____
 Email _____
 Phone _____
 Date of Birth (MM/DD/YYYY) _____

Part B: Potential Victim's Identifying Information at Time of Procedure

Full Name at Time of Procedure (First, Middle, Last Name)

Estimated Date of Procedure _____

Facility Name or Location of the Procedure (if known) _____

Address at Time of Procedure _____

City, State, Zip _____

County _____

This form permits the North Carolina Justice for Sterilization Victims Foundation, related entities and assisting state agencies access to search North Carolina Eugenics Board program records on your behalf as a representative of the potentially impacted person. Submission of this request does not confirm or deny status as a person impacted by the actions of the North Carolina Eugenics Board program between 1929 and 1974. Third party verifications (verifications requested by someone other than the impacted individual) should be submitted using the Third Party Verification Request form and must be accompanied by documentation as specified on this form. I understand that completion of this form does not guarantee any type or form of compensation.

Applicant's Signature _____

Notary Seal

(Please sign in the presence of a Notary Official)

Date _____

Subscribed and affirmed before me in the County of _____
State of _____, this ____ day of _____ (month), 20_____

Notary's Official Signature _____ Print _____

Commission Expiration Date _____



The Foundation cannot process this *Third Party Verification Request form* unless one of the following documents is submitted giving you permission to access the requested records:

Living Potential Victims

For a living potential victim, please submit one of the following documents:

- General Power of Attorney
- Health Care Power of Attorney
- Letters of Appointment as Guardian

Deceased Potential Victims

For a deceased potential victim, please submit one of the following estate documents:

- Letters Testamentary
- Letters of Administration

This request will **NOT** be processed without one of the required documents listed above.