

Records Transfer Authorization

1 NAME OF AGENCY Dept. of Human Services	2 DIVISION OR SECTION Health Dept. (old)
3 NAME OF CONTACT PERSON	4 TELEPHONE NUMBER
5 Description of Records (include series titles, records content and dates, and attach box lists, SF-135s, or other documentation). Disinterment Permits, 1937-48. Applications for Disinterment, numbered 16792 - 19550, (1/8/37 - 6/1/48), and arranged in numerical/chronological order. [Box 71 of WNRC Accession 72A 5466]	
6 Current location of records in agency or Records Center In DC Records Center Bldg.	7 Requested transfer date
8 If nontextual records, describe physical characteristics	
9 Estimated volume 1 cu. ft.	10 Specific restrictions to be imposed (include justification and cite statute or FOI exemption) none
11 Record schedule number and item, or disposal list number and item Appraisal as permanent by Dorothy Provine.	
12 Statement of Agency Representative (if required) <i>The records described above and on the attached pages are offered for deposit with the District of Columbia Archives. Unless otherwise specified above, there are no restrictions on the use of these records. I certify that I am authorized to act for the agency on matters pertaining to the disposition of agency records.</i> <u>Carol N. Thiel</u> <u>Chief, OAS</u> <u>3/8/93</u> signature of agency representative title date	
FOR D.C. ARCHIVES USE ONLY	
13 Action Taken by the District of Columbia Archives <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved signature of archivist <u>Dorothy Provine</u> date <u>3/3/93</u>	
14 Remarks about disposition/shipping	
15 Date received	16 Signature of Archives Representative

