

**AGING AND DISABILITY SERVICES DIVISION
SILVER STATE CENTENARIAN BIOGRAPHY**

Name of Centenarian:		Date of Birth:	
Physical Address:			
	Street	City	State ZIP
Place of Birth:		Phone Number:	
	City	State	
Number of Siblings:		Number of Children:	
Number of Grandchildren:		Number of Great-Grandchildren:	

Name of Contact Person:		Relationship:	
Mailing Address:			
	Street	City	State ZIP
Additional Comments:			
NOTE: Proclamation will be mailed to the contact person unless specified otherwise.			

Background Information:

Date Centenarian Proclamation Is Needed:	
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**Return the Biography to: State of Nevada, Aging and Disability Services Division
3416 Goni Rd, Suite 132, Carson City, NV 89706
or Fax to: (775) 687-4264 or Email to: adsd@adsd.nv.gov**

ADSD USE ONLY			
Date Received:		Received by:	
Date to Governor:		Date Presented/Mailed:	



BRIAN SANDOVAL
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING AND DISABILITY SERVICES DIVISION

3416 Goni Road, D-132
Carson City, Nevada 89706

(775) 687-4210 • Fax (775) 687-4264
adsd@adsd.nv.gov

MICHAEL WILLDEN
Director

CAROL SALA
Administrator

AUTHORIZATION FOR RELEASE OF INFORMATION

The Aging and Disability Services Division has received your request for a Centenarian Proclamation. Upon request, a representative from the Governor's Office or the Aging and Disability Services Division may be able to make the presentation of this award.

Occasionally, the Division receives inquiries from private individuals and the press requesting a copy of the State's Centenarian Registry. Since the Registry includes confidential information, the Division is asking that the Centenarian or a family member sign a release form.

Please fill out the below section and mail this form using the included self-addressed envelope or you may fax it to (775) 687-4264. If you have any questions, please call (775) 687-4210.

Thank you!

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The Aging and Disability Services Division is authorized by the undersigned to release confidential information regarding _____ /myself, which is listed in the State Centenarian Registry. A photocopy of this form shall be as valid as the original.

Signature: _____

Relationship, if applicable: _____

Date: _____

Las Vegas Regional Office
1860 E Sahara Ave.
Las Vegas, Nevada 89104
(702) 486-3545
(702) 486-3572 Fax

Reno Regional Office
445 Apple St., Ste. 104
Reno, Nevada 89502
(775) 688-2964
(775) 688-2969 Fax

Elko Regional Office
1010 Ruby Vista Dr., Ste. 104
Elko, Nevada 89801
(775) 738-1966
(775) 753-8543 Fax