

Application for Certified Copy of Death Record
PRICE: \$21.00

NAME OF DECEASED		FIRST	MIDDLE	LAST
COUNTY OF DEATH		CITY OF DEATH		DATE OF DEATH (MONTH, DAY, YEAR)
FATHER'S NAME (FIRST & LAST)				
MOTHER'S MAIDEN NAME (FIRST & LAST)				
NAME OF PERSON REQUESTING RECORDS		FIRST	MIDDLE	LAST
MAILING ADDRESS OF PERSON REQUESTING RECORD		NUMBER & STREET	CITY	STATE & ZIP CODE
PHONE NUMBER INCLUDING AREA CODE				

To obtain a Certified Copy you must be an authorized requestor, indicate below I am:

- | | |
|--|--|
| <input type="checkbox"/> Child/Sibling of Registrant (or relative described in HSC § 7100 (a)(1)-(8)) | <input type="checkbox"/> Spouse/Registered Domestic Partner of Registrant |
| <input type="checkbox"/> Grandparent/Grandchild of Registrant | <input type="checkbox"/> Attorney Representing Registrant or Registrant's Estate |
| <input type="checkbox"/> Authorized by Court Order (Include copy of the court order.) | <input type="checkbox"/> Law Enforcement/Govt. Agency (Conducting Official Business) |
| <input type="checkbox"/> Parent/Legal Guardian of Registrant (Must provide documentation.) | <input type="checkbox"/> Surviving Next of Kin (specified in HSC § 7100) |
| <input type="checkbox"/> An Agent of Employee of a Funeral Establishment (Acting within the scope of employment and on behalf of persons specified in HSC § 7100 (a)(1)-(8)) | |
| <input type="checkbox"/> Power of Attorney/Executor of the Registrant's Estate (Include a copy of the power of attorney or documentation identifying you as executor.) | |

OR

- I do not qualify as an authorized requestor and I am requesting a Certified Informational copy only. I understand this copy will be stamped "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

I declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526.5 9 (c), and I am eligible to receive a copy of the death record.

Executed at: _____ [City and State where signed]

Signature of Applicant: _____ Date: _____

CERTIFICATE OF ACKNOWLEDGEMENT

State of California)
 County of _____) SS.

On _____ before me, _____ Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person (s) whose name (s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature (s) on the instrument the person (s), or the entity upon behalf of which the person (s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.

WITNESS my hand and official seal

Notary Signautre _____

FOR OFFICIAL USE ONLY VR FORM 12/17/2007

BOOK:	PAGE:	CORRECTION:	# OF COPIES:	CERTIFICATE #	DATE COPY ISSUED
TYPE ISSUED: <input type="checkbox"/> CERTIFIED <input type="checkbox"/> INFORMATIONAL		ORDER METHOD: <input type="checkbox"/> PERSON <input type="checkbox"/> MAIL	ID #	TYPE OF ID:	INITIAL OF CLERK ISSUING COPY

If applying by mail, and the applicant is an authorized requestor, the applicant's signature must also be notarized and the acknowledgement must be completed with this application. NO acknowledgement is necessary if requesting a informational record.