

**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:

- The registrant or parent or legal guardian of the registrant.
- A son/daughter, grandparent, grandchild, brother/sister, a spouse/domestic partner of the registrant.
- A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with requirements of Section 3140 or 7603 of the Family Code.
- An attorney representing the registrant of the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.

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

[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.