

Application for Certified Copy of Death Record
PRICE: \$26.00

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:

Child/Sibling of Registrant (or relative described in HSC § 7100 (a)(1)-(8)) Spouse/Registered Domestic Partner of Registrant
 Grandparent/Grandchild of Registrant Attorney Representing Registrant or Registrant's Estate
 Authorized by Court Order (Include copy of the court order.) Law Enforcement/Govt. Agency (Conducting Official Business)
 Parent/Legal Guardian of Registrant (Must provide documentation.) Surviving Next of Kin (specified in HSC § 7100)
 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))
 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

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

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:		ORDER METHOD:	ID #	TYPE OF ID:	INITIAL OF CLERK ISSUING COPY
<input type="checkbox"/> CERTIFIED <input type="checkbox"/> INFORMATIONAL		<input type="checkbox"/> PERSON <input type="checkbox"/> MAIL			

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.