



Health and Human  
Services Agency

## Shasta County Health and Human Services Agency

### PUBLIC HEALTH BRANCH

#### Office of Vital Statistics

2650 Breslauer Way, Redding, CA 96001-4246

Telephone: (530) 225-5063 • Fax: (530) 245-6874

## Funeral Director Application for Authorized Certified Copy of Death Certificate

### 1 Death Certificate Information

Date of Death: \_\_\_\_\_

City of Death: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Father's Name: \_\_\_\_\_  
First Middle Last

Mother's Birth Name: \_\_\_\_\_  
First Middle Last

### 2 Applicant Information

Agency: \_\_\_\_\_

Individual: \_\_\_\_\_  
First Middle Last

Mailing Address: \_\_\_\_\_  
Number and Street City State Zip Code

Daytime Phone: \_\_\_\_\_  
Area Code and Number

### 3 Death Certificate and Burial Permit pricing and number of copies

Death Certificate: # of copies requested: \_\_\_\_\_ @ \$21.00 each = Total amount due: \$ \_\_\_\_\_

Death Certificate: # of copies requested with amendment: \_\_\_\_\_ @ \$21.00 each = Total amount due: \$ \_\_\_\_\_

Burial Permit: # of copies issued: \_\_\_\_\_ @ \$12.00 each = Total amount due: \$ \_\_\_\_\_

### 4 Signature of Requesting Party

I, \_\_\_\_\_, swear under penalty of the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive a certified copy of the death record of the above-named individual.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, California.

Signature: \_\_\_\_\_