



## APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

**NOTICE:** Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form).

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”** Please indicate whether you would like a Certified Copy or an Informational Copy. Fee is \$12.00.

I would like a **Certified Copy** of the record identified on the application form. *(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)*

I would like an **Informational Copy** of the record identified on the application form *(You are not required to select from the list below in order to receive an Informational Copy.)*

I am:

- A parent or legal guardian 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 death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- An attorney representing the registrant or 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 funeral director ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

**APPLICANT INFORMATION** (PLEASE PRINT OR TYPE)

Printed Name <b>and Signature</b> of Person Completing Application		Today's Date	Telephone Number – Area Code First (    )	
Address – Number, Street		City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above	No. of Copies	Amount Enclosed	E-mail Address	
Mailing Address for Copies, if Different From Above	City		State	ZIP Code

**DECEDENT INFORMATION** (PLEASE PRINT OR TYPE)

Name of Decedent – First (Given)		Middle	Last (Family)		Sex
Place of Death – City or Town	Place of Death – County		Place of Birth	Date of Birth	
Date of Death – Month, Day, Year (Or Period of Years to be Searched)			Social Security Number		
Mother's Maiden Name			Name of Spouse (Husband or Wife of Decedent)		

**DEATH**

