



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: _____