

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD \$24.00 PER COPY

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THE APPLICATION.

- CERTIFICATE TYPE:** I am requesting an AUTHORIZED COPY (notarized sworn statement required)
 I am requesting an INFORMATIONAL COPY

Part 1 - Relationship to Person on Certificate (Registrant): *Check appropriate box.*

- A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. (Legal guardian must provide documentation.)
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant’s estate. (Include a copy of the power of attorney or documentation identifying you as executor.)
- An attorney representing the registrant or the registrant's estate.
- An agent or employee of a funeral establishment (acting within the scope of employment and on behalf of persons specified in HSC § 7100 (a) (1)-(8)).
- Surviving next of kin (As specified in HSC § 7100).

Part 2 - Death Record Information: *Complete the information below as shown on the death record.*

FIRST Name	MIDDLE Name	LAST Name
County of Death (must be in California)		Date of Death - MM/DD/YYYY (or approximate date)
Social Security Number		Date of Birth - MM/DD/YYYY (or approximate date)
Mother/Parent (First, Middle, Last)		Spouse/Domestic Partner (First, Middle, Last)

Part 3 - Applicant Information: *Please PRINT all information legibly.*

Applicant Name		Mailing Address: Number, Street, and Unit # (if applicable)		
Zip Code	City	State/Province	Country	
Telephone (include area code)	Email Address		Reason for Request	
<i>Agency Use (if applicable)</i>				
Agency Name		Case/ID Number	Contract Number	

Application Checklist:

<input type="checkbox"/> Check/Money Order Enclosed (No Cash)	<input type="checkbox"/> Notarized Sworn Statement Enclosed (if applicable)	Number of Copies _____
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You may view current processing times on the CDPH-VR website (www.cdph.ca.gov).



SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the
(Applicant's Printed Name)

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 birth, death, or marriage certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____, _____.
(Day) (Month) (City) (State)

(Applicant's Signature)

CERTIFICATE OF ACKNOWLEDGMENT

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 _____

County of _____

On _____ before me, _____, personally appeared _____
(Insert name and title of the officer)

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 acknowledged 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 paragraph is true and correct

WITNESS my hand and official seal.
(SEAL)

(SIGNATURE OF NOTARY PUBLIC)

