

**APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A DEATH RECORD**

CERTIFICATE TYPE REQUESTED: \_\_\_\_\_ AUTHORIZED CERTIFIED COPY (COMPLETE ALL SECTIONS)  
\_\_\_\_\_ INFORMATIONAL ONLY (COMPLETE SECTIONS 1 & 2 ONLY)

1. **Death Certificate Information:**                      **Number of copies requested:** \_\_\_\_\_

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

Date of Death: \_\_\_\_\_ City of Death \_\_\_\_\_  
  Month, Day, Year                                      County of Death \_\_\_\_\_

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2. **Applicant Information:**

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

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

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

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3. To obtain an authorized certified copy you must check the appropriate box below:

**I am:**

A parent or legal guardian of the registrant

A child, grandparent, grandchild, sibling, spouse or domestic partner 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.

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 member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.

A funeral director ordering certified copies of a death certificate on behalf of an individual specified above, inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

**\*\*\* PLEASE READ \*\*\***

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement, funeral homes, and local and state governmental agencies are exempt from the notary requirement.)**

**(For notary listings, please check your telephone directory.)**

**Statement of Oath**

4. I, \_\_\_\_\_ am the \_\_\_\_\_, swear  
Your Printed Name Your relationship to registrant  
under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525 (c) and am eligible to receive the authorized certified copy(s) of the death record identified on the application form.

Sworn: \_\_\_\_\_ At: \_\_\_\_\_  
Date City, State

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

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement, funeral homes, and local and state governmental agencies are exempt from the notary requirement.)**

**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 \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared  
(here 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