Riverside County Department of Public Health Office of Vital Records

**FUNERAL ESTABLISHMENT USE ONLY**

**APPLICATION FOR CERTIFIED COPY and CERTIFIED INFORMATIONAL COPY OF DEATH RECORD**

(office use only)

**Stamp Date Received**

Be advised, we charge even if no record is found. Pursuant to H&S Code §103650 if no record is found, a fee equal to the cost for one certificate will be retained for searching and a “Certificate of No Record” will be issued.

**![C:\Users\wrharris\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\70RHVXKW\MC900352610[1].wmf]()**

AMENDMENT

COUNT: 0 1 2 3

**Only 2023 and 2024 records are available from our office.**

**Please indicate the type of certified copy you are requesting**

|  |  |
| --- | --- |
| □ I would like a **Certified Authorized Copy.** $24.00 per copy**Complete Sections A, B, C & D**Only specific people are eligible to receive this record. This document will establish the identity of the registrant. Refer to Section C to see if you are eligible. If not, you must request a Certified Informational Copy.  | □ I would like a **Certified Informational Copy.** $24.00 per copy**Complete only Sections A & B. (skip Sections C & D)**Everyone is eligible to request this record. This document will be printed with a legend on the face of the document that states: **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**  |
| Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures, the documents contain the same information.  |
| **Section A: DEATH CERTIFICATE INFORMATION (Please Print) Local Registration # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| FIRST NAME of Decedent  | MIDDLE NAME of Decedent | LAST NAME of Decedent |
| Date of Death | City of Death  | Name of Funeral Establishment |
| **Section B:** **BUSINESS** **APPLICANT’S MAILING INFORMATION**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Number of Copies: \_\_\_\_\_\_\_\_Amendment(s) □Yes □No Pick Up □Yes □No **Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Section C: RELATIONSHIP TO REGISTRANT** (complete only if requesting a Certified Copy)**Check the box that establishes your relationship to the person listed on the certificate. I am:**□ Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who  orders 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. |
| **Section D: SWORN STATEMENT** (complete only if requesting a Certified Copy)I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, that I am an (**Applicant’s** Printed Name)authorized person, as defined in California Health and Safety Code §103526 (c), and am eligible to receive a Certified Copy of the death record for the decedent named above. Subscribed to this \_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Day) (Month) (Year) (City) (State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Applicant’s** Signature) |

VR Staff Only:

Date Order picked up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Mortuary Representative picking up)**

DOPH\_VR\_Death\_FuneralHome (Revised 01/2/2024)