

**FUNERAL ESTABLISHMENT USE ONLY**

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

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.

(office use only)  
**Stamp Date Received**



**Only 2025 and 2026 records are available from our office.**

AMENDMENT  
COUNT:    0    1    2    3

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

<input type="checkbox"/> I would like a <b>Certified Authorized Copy</b> . <u>\$26.00 per copy</u>  <p style="text-align: center;"><b>Complete Sections A, B, C &amp; D</b></p> <p><u>Only specific people are eligible to receive this record.</u> 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.</p>	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . <u>\$26.00 per copy</u>  <p style="text-align: center;"><b>Complete only Sections A &amp; B. (skip Sections C &amp; D)</b></p> <p><u>Everyone is eligible to request this record.</u> This document will be printed with a legend on the face of the document that states: <b>"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."</b></p>
--	--

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.

<b>Section A: DEATH CERTIFICATE INFORMATION (Please Print)</b>		<b>Local Registration #</b> _____
FIRST NAME of Decedent	MIDDLE NAME of Decedent	LAST NAME of Decedent
Date of Death	City of Death	Name of Funeral Establishment

<b>Section B: BUSINESS APPLICANT'S MAILING INFORMATION</b>	Number of Copies: _____
Name: _____	Amendment(s) <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address: _____	Pick Up <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip Code: _____	<b>Amount \$</b> _____

**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)

**(Signature of Mortuary Representative picking up)**  
 DOPH\_VR\_Death\_FuneralHome (Revised 12/08/2025)

VR Staff Only:  
 Date Order picked up \_\_\_\_\_ Staff Initials \_\_\_\_\_