

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 2021 and 2022 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 Certified Authorized Copy . <u>\$24.00 per copy</u> <p style="text-align: center;">Complete Sections A, B, C & D</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 Certified Informational Copy . <u>\$24.00 per copy</u> <p style="text-align: center;">Complete only Sections A & B. (skip Sections C & D)</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: "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."</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.

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	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: _____	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 _____, _____ (State).
(Day) (Month) (Year) (City)

(Applicant's Signature)