APPLICATION FOR CERTIFIED COPY and CERTIFIED INFORMATIONAL COPY OF DEATH RECORD

Only 2021 and 2022 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

☐ I would like a Certified Informational 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.

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)

<table>
<thead>
<tr>
<th>FIRST NAME of Decedent</th>
<th>MIDDLE NAME of Decedent</th>
<th>LAST NAME of Decedent</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Death</th>
<th>City of Death</th>
<th>Name of Funeral Establishment</th>
</tr>
</thead>
</table>

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 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 12/9/2021)

VR Staff Only:
Date Order picked up ____________ Staff Initials ____________