



## Instructions to Complete the Request for Death Certificate

1. Indicate whether you are requesting a *Certified Copy* or a *Certified Informational Copy*.

Only individuals who are authorized by Health and Safety Code §103526 can obtain a *Certified Copy* of a death record. Section C on page 1 of the application identifies the individuals who are authorized to receive a *Certified Copy*. All others may receive a *Certified Informational Copy* that will be marked "Informational, Not a Valid Document to Establish Identity."

**Both documents are certified reproductions 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.

2. Section A

In this section, please provide the information about the decedent; this is the person who died. If the information furnished is incomplete or inaccurate, we may not be able to locate the record.



The "Birth" name required on Vital Records is the name given at birth, or a name received through adoption, court-order name change, or Naturalization. AKAs (Also Known As) and assumed names cannot be entered as the legal "Birth" name.

3. Section B

In this section, please provide **your** information, the number of copies requested and the amount enclosed. The fee is \$24.00 for each copy requested.

Make the check or money order payable to: County of Riverside

- ❖ **No third-party** checks or money orders are accepted
- ❖ Checks must have pre-printed name and address of checking account owner.



State law requires a **charge for record searches**. If no record is found, pursuant to Health and Safety Code §103650, the fee for one certificate will be retained for searching and a *Certificate of No Record* will be issued. If requesting multiple copies on the application, the balance will be refunded to the applicant by our Fiscal Department after the search fee is retained.

4. Section C: Skip this section if you are requesting a *Certified Informational Copy*.

Establish your relationship to the person listed on the certificate by marking only one (1) box in this section.

5. Section D: Skip this section if you are requesting a *Certified Informational Copy*.

Section D has two parts.

- ❖ **Sworn Statement**: Everyone requesting a *Certified Copy* must complete the Sworn Statement. The applicant requesting the *Certified Copy* must sign the Sworn Statement declaring under **penalty of perjury** that he/she is eligible to receive the *Certified Copy* of the death record. The applicant must print his or her name, print the name of the decedent, and identify his/her relationship to the decedent. The relationship **MUST** match the information in Section C, page 1. Sign the Sworn Statement in the presence of a Notary Public or an employee of the Office of Vital Records.
- ❖ **Certificate of Acknowledgment**: The Certificate of Acknowledgment is to be completed by a Notary Public. Law enforcement and local and state government agencies are exempt from the notary requirement.

6. Mail completed application to:

Office of Vital Records  
P.O. Box 7600  
Riverside, CA 92513-7600

If you have any questions, please call the Riverside County Office of Vital Records at: 951-358-5068.

**MAIL 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)  
 Date Received \_\_\_\_\_  
 LRN: \_\_\_\_\_  
 AMENDMENT  
 COUNT:            0   1   2   3



**Only 2021 and 2022 records are available from our office.**

**Please indicate the type of record you are requesting:**

<input type="checkbox"/> I would like a <b>Certified Authorized Copy</b> . <u>\$24.00 per copy</u>  <p style="text-align: center;"><b>Complete Sections A, B, &amp; C, then complete D in the presence of a Notary Public</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>\$24.00 per copy</u>  <p style="text-align: center;"><b>Complete only Sections A &amp; B (skip Sections C &amp; D) No Sworn Statement and No Notary Required</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>
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**Section A: DEATH CERTIFICATE INFORMATION (please print or type)**  
 Complete the information below as shown on the death record to the **best of your ability**.  
 The more information you provide, the easier it is for us to be sure you get the correct record.

FIRST NAME of Decedent	MIDDLE NAME of Decedent	LAST NAME of Decedent
Date of Death	City of Death	Name of Funeral Establishment
BIRTH Name of Mother/Parent of Decedent (First and Last):		Birth Name of Spouse/Domestic Partner of Decedent (First and Last):

**Section B: Your Information: "Applicant" (please print or type)**

Your First Name	Your Middle Name	Your Last Name
Your mailing information: Street Address:  City, State, Zip Code:	Make check or money orders payable to: County of Riverside.  We <u>do not</u> accept <u>third-party</u> checks. This means the name on the check or money order must be the same as the name of the applicant.	<b>State law requires a charge for record searches.</b> <i>If no record is found, pursuant to Health and Safety Code §103650, the fee for one certificate will be retained for searching and a Certificate of No Record will be issued.</i>
Your Daytime Telephone (    )	Number of Copies Requested: _____	Amount Enclosed (\$24.00/copy) \$ _____

**Section C: RELATIONSHIP TO DECEDENT (complete only if requesting a Certified Copy) PLEASE CHECK ONE:**

- A parent or legal guardian of the registrant (person listed on the certificate).
- A child, grandparent, grandchild, brother or sister, spouse, or registered domestic partner of the registrant.
- A surviving competent adult in the next degrees of kinship not otherwise listed above. State relationship \_\_\_\_\_.
- A party entitled to receive the record as a result of a court order, **Please include a copy of the court order**
- A member of a law enforcement agency or other government agency, as provided by law, who is conducting official business. **Companies representing a government agency must provide authorization from the government agency.**
- 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, including conservator of the decedent or decedent's estate.
- Appointed rights in a power of attorney (either Health Care POA or General POA). Where General POA, the principal (person authorizing the other to act) must be qualified to receive an authorized certified copy. If the principal is the registrant, then it must be a Health Care POA. **Please include a copy of the power of attorney.**
- 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 (8), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

**Section D: SWORN STATEMENT AND CERTIFICATE OF ACKNOWLEDGMENT**

**SWORN STATEMENT**

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 of the following individual:

Name of Person Listed on the Certificate: \_\_\_\_\_  
(this is the name of the decedent)

Your Relationship to the Person named above: \_\_\_\_\_  
(this must match the relationship indicated in Section C on page 1)

\*\*\*\*\*The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.\*\*\*\*\*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
(Your Signature)

**If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment is compliant with California law (Civil Code §1189) and must be completed by a Notary Public. If you are not in California, please strike out California and insert the appropriate state.**

*Law Enforcement and local and state government agencies are exempt from the notary requirement.*

**CERTIFICATE OF ACKNOWLEDGMENT**

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 California )

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