

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD
PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

California law (Health and Safety Code Section 103526), permits only authorized individuals as listed on the application to receive certified copies of death records. Those who are not authorized by law to receive an authorized certified copy will receive a certified informational copy with the legend, **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”** Please indicate the type of certified copy you are requesting:

I am requesting a **Certified AUTHORIZED** copy I am requesting a **Certified INFORMATIONAL** copy

NOTE: Both documents are certified copies of the original document on file with the California Department of Public Health – Vital Records (CDPH-VR). With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** below. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy. If the application is submitted by mail, the Sworn Statement **MUST BE NOTARIZED** unless you are a member of a law enforcement agency or representative of a state or local government agency, an agent or employee of a funeral establishment.

RELATIONSHIP:

- | | |
|---|---|
| <input type="checkbox"/> Child/Sibling of Registrant (or a relative described in HSC §7100 (a)(1) -(8)) | <input type="checkbox"/> Spouse/Registered Domestic Partner of Registrant |
| <input type="checkbox"/> Grandparent/Grandchild of Registrant Estate | <input type="checkbox"/> Attorney Representing Registrant or Registrant's |
| <input type="checkbox"/> Authorized by Court Order (Include copy of the court order.) Business) | <input type="checkbox"/> Law Enforcement/Govt. Agency(Conducting Official |
| <input type="checkbox"/> Parent/Legal Guardian of Registrant (Must provide documentation.) | <input type="checkbox"/> Surviving Next of Kin (specified in HSC §7100) |
| <input type="checkbox"/> An Agent or Employee of a Funeral Establishment (Acting within the scope of employment and on behalf of persons specified in HSC §7100 (a)(1)-(8)) | |
| <input type="checkbox"/> Power of Attorney/Executor of the Registrant's Estate (include a copy of the power of attorney or documentation identifying you as executor. | |

APPLICANT INFORMATION (PRINT OR TYPE) Today's Date:

Agency Name (If Applicable)		Purpose of Request	
Name of Person Completing Application		Signature of Applicant	
Mailing Address – Number, Street, and Unit # (if applicable)		Amount Enclosed: \$ _____	Number of Copies
City		Name of Person Receiving Copies if Different from Applicant	
State/Province	ZIP Code	Mailing Address for Copies if Different from Applicant	
Daytime Telephone Number ()		City	State ZIP Code

DEATH RECORD INFORMATION (PRINT OR TYPE)
Complete the information below as shown on the death record, to the best of your knowledge.

Name of Decedent – FIRST	MIDDLE	LAST	
City of Death (must be in California)	County of Death	Date of Birth – MM/DD/YYYY	State of Birth
Date of Death – MM/DD/YYYY (If unknown, enter approximate date)		Social Security Number	
Mother/Parent Name (First, Middle, Last)		Name of Spouse/Domestic Partner of Decedent (First, Middle, Last)	

IF SUBMITTING APPLICATION BY MAIL:

FEE: \$24 for death certificate and \$21 for Fetal death certificate PER COPY (PAYABLE TO YUBA CO. PUBLIC HEALTH) Check/Money Order Enclosed **Notarized Sworn Statement Enclosed (if applicable)**

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California
(Applicant's Printed Name)
that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive
a certified copy of the birth or death record of the following individuals.

Name of Person Listed on Certificate	Applicant's Relationship to person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or Yuba County Clerk staff.)

Subscribed to this _____ day of _____, 20_____, at _____,
(CITY) (STATE)

Applicant's Signature

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgement below. The Certificate of Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

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, _____,
(here insert name and title of officer)

personally appeared, _____
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.

Signature _____

(SEAL)