

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD
DO NOT Complete This Application Before Reading the Instructions on Page 2

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of death certificates are issued. Certified Copies to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued Certified Informational Copies that are not valid to establish identity.

FEE: \$14.00 per copy (payable to the Office of Vital Records).

Please indicate the type of certified copy you are requesting:

I would like a **Certified Copy** of the record identified on the application form. (To receive a certified copy you **must** indicate your relationship to the registrant by selecting from the list below and complete the sworn statement. The **sworn statement must be notarized** when the application is submitted by mail)

I would like a **Certified Informational Copy**. This document will be printed with a legend on the face of the document that states, "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.**"

(A sworn statement does not need to be provided.)

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a **Certified Copy** I am:

- A parent or legal guardian of the registrant (person listed on the certificate).
- A party entitled to receive the record as a result of a court order.
- A member of a law enforcement agency or a representative of another government agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- 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. (If you are requesting a Certified Copy under power of attorney, please include a copy of the power of attorney with this application form.)
- 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.

DECEDENT INFORMATION (Please print or type)

Today's Date: _____

FIRST- Name of decedent	MIDDLE	LAST
Date of death	City of Death	Name of Funeral Establishment
BIRTH Name-Mother/Parent		Birth Name of Spouse/Domestic Partner of Decedent (Last, First, Middle)

Note: The certified death certificate issued is a legal document and can be used for many purposes. However, some government offices in foreign countries may not recognize it. If you are planning to use this document for traveling purposes, please contact the County-Assessors-Clerk Recorders at www.riverside.asrclrec.com

Applicant Information- Daytime telephone ()	Number of copies: _____	Amount Enclosed \$ _____
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<p>Applicant 's mailing information:</p> <p>Name: _____</p> <p>Street Address: _____</p> <p>City,State,Zip code: _____</p>	<p>Make check or money orders payable to: County of Riverside. Third-party checks are not acceptable.</p> <p>Note: 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.</p>
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INFORMATION: Riverside County Vital Records issue certified copies of death records that occurred within the current year and one previous year.

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. AKA's (Also Known As) and assumed names cannot be entered as the legal "Birth" name.

INSTRUCTIONS:

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
2. Complete a separate application for each death record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Decedent Information** section, provide all information you have to identify the death record. If the information you provide is incomplete or inaccurate, we may not be able to locate the record.
4. **SWORN STATEMENT:**
 - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the death record, and identify their relationship to the registrant (person listed on the certificate)-the relationship must be one of those identified on Page 1.
 - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
 - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the death record.
5. Submit \$14.00 for **each** copy requested. If no death record is found, the \$14.00 fee will be retained for searching the record (as required by law) and a Certification of No Public Record will be issued to the applicant. If requesting multiple copies on the application after the search fee is retained the balance will be refunded to the applicant by our Fiscal Department and mailed by U.S. Postal Service. Indicate the number of copies you want and include the correct fee (s) in the form of a personal check or postal or bank money order made payable to the **Office of Vital Records**. Mail this application with the fee(s) to the **Office of Vital Records** at the address below. **WE DO NOT ACCEPT THIRD PARTY CHECKS.**
6. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

**Office of Vital Records
P.O. Box 7600
Riverside, California 92513-7600
(951) 358-5068**

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of
(Applicant's Printed Name)

California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 ©, and am eligible to receive a certified copy of the birth or death record of the following individual (s):

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 Office of Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____,
(Day) (Month) (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 government agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGEMENT

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