

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD
FUNERAL ESTABLISHMENT USE

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.)

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.)

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 governmental 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)

Local File Number: _____

Name of decedent - FIRST	MIDDLE	LAST
Date of death	City of Death	Name of Funeral Establishment

SWORN STATEMENT

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 Section 103526 ©, and am eligible to receive a certified copy of the birth or death record of the following individual:

Subscribed to this _____ day of _____, 20____, at _____, _____.
 (Day) (Month) (City) (State)

 (Applicant's Signature)

Applicant 's mailing information:

Name: _____
 Street Address: _____
 City,State,Zip code: _____

Number of copies: _____

Amendment(s) Yes No
 Pick Up Yes No

Amt: \$ _____