

ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT
VITAL REGISTRATION

1000 Broadway, Suite 500
Oakland, CA 94607

Phone: (510) 267-8069
Fax: (510) 267-8073

APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A DEATH RECORD

1. Death Certificate Information:	Number of copies requested: _____				
Name: _____	_____	_____	_____	_____	
	First	Middle	Last		
Date of Death: _____			City of Death: _____	_____	
	Month, Day, Year				
2. Mortuary Information:					
Name: _____	Mortuary/Funeral Home Name				
Mailing Address: _____	_____	_____	_____	_____	_____
	Number	Street	City	State	Zip Code
Telephone Number: (_____) _____	_____	_____			
	Area Code	Number			
3. To obtain an authorized certified copy you must check the appropriate box below:					
I am:					
____ A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.					
____ A parent or legal guardian of the registrant.					
____ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.					
____ 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.					
____ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.					
____ A funeral director ordering certified copies of death certificate on behalf of an individual specified above, inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.					
4. I, _____	swear under penalty of perjury that I am an authorized				
_____	Printed Name				
person, as defined in California Health and Safety Code Section 103525 (c) and am eligible to receive the authorized certified copy(s) of the death record identified on the application form.					
Sworn this _____ day of _____, _____, at _____, _____.	_____	_____	_____	_____	_____
	Day	Month	Year	City	State
Signature: _____	_____				