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 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: ________________________________

Revised 04/06/2016