

IN PERSON/FD APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." Please indicate whether you would like an Authorized Certified Copy or an Informational Copy.

<input type="checkbox"/> I would like an Authorized Certified Copy of the record identified on the application form. (In order to receive an Authorized Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)	<input type="checkbox"/> I would like an Informational Copy of the record identified on the application form. (You are not required to select from the list below in order to receive an Informational Copy.)
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I AM **The new law describes an authorized person as:** **(please select)**

103526 © A parent or legal guardian of the registrant.

103526 © A member of law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.

103526 © A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.

103526 © 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.

103526 © A funeral director ordering 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.

103526 © Surviving Next of Kin (specified in HSC §7100)

DECEDENT INFORMATION (PLEASE PRINT OR TYPE) Read instructions on back of this form before completing the application

Name of Decedent - First (Given)	Middle	Last (Family)
Date of Death - (Month, Day, Year)	County of death	

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Name of person or Establishment:	\$21.00 per copy	Number ordered: _____	Total Amt: \$ _____
Address - Number, Street	City	State	Zip Code
	Today's Date	Telephone Number ()	
Name of Person Receiving Copies, If Different From Above			
Address-Number, Street	City	State	Zip

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and safety Code Section 103526 ©, and I am eligible to receive a certified copy of the death record on the above individual.

Sworn this _____ day of _____ (201__), at _____, _____ State

Signature _____

Make Checks payable to: P.C.V.S
Return all copies and Sworn Statement to:
Health and Human Services
Vital Statistics
11484 B Avenue
Auburn, CA. 95603

White - Processing Copy
 Yellow - Return Copy
 Pink - Cashier Copy

PVSDC4 - 3/2019

For office Use Only:	
Certificates	\$ _____
Permits	
Regular File	\$ _____
X-File Out	\$ _____
Misc/NSF	\$ _____
Total Amt	\$ _____

NOTE: Placer County Vital Statistics has records for this year and last year only. We do not hold "Pending" orders. The record on file is the record made. We have records that occurred in Placer County only.

Office Use Only: Bank Note # _____ Deputy: _____

Local File # _____ Date _____