



PLACER COUNTY CLERK/RECORDER APPLICATION FOR DEATH CERTIFICATE \$21.00 PER COPY

**Please read the instructions on Page 3 before completing this form.
Complete additional application forms as necessary to fulfill your order.**

Part 1 – Death Record Information. Complete the information below as shown on the death record, to the best of your knowledge, indicating type and number of certified copies for each record requested.

1ST RECORD REQUESTED	Type: <input type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL	Number of copies:
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Decedent's Name on Certificate – First Middle Last	Date of Death	City of Death
Parent's Name at Birth – First Middle Last		Parent's Name at Birth – First Middle Last

2ND RECORD REQUESTED	Type: <input type="checkbox"/> AUTHORIZED or <input type="checkbox"/> INFORMATIONAL	Number of copies:
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Decedent's Name on Certificate – First Middle Last	Date of Death	City of Death
Parent's Name at Birth – First Middle Last		Parent's Name at Birth – First Middle Last

Part 2 –To receive an **authorized certified copy** of the record(s) requested, **indicate your relationship to the registrant(s)** by selecting from the list below and **complete the attached Sworn Statement** declaring that you are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online.

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| | A parent, legal guardian (provide documentation), child, grandparent, grandchild, sibling, spouse, or registered domestic partner of the registrant (decedent identified on the certificate). |
| | A party entitled to receive the record as a result of court order. (provide copy of court order) |
| | A member of a law enforcement agency or a representative of a governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.) |
| | 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. |
| | Any agent or employee of a funeral establishment who acts within the scope of his or her employment and who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of Health and Safety Code §7100(a). |
| | An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100. Agent under power of attorney for health care, competent surviving spouse, surviving competent adult child, surviving competent parent, surviving competent adult sibling, surviving competent adult person respectively in the next degrees of kinship, conservator. |

Part 3 – Applicant Information and Payment

Applicant's Full Legal Name	Telephone Number
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Residential Address: Street Address, City, State and Zip code

Shipping Address including City, State and Zip code (if different from above)

Payment (Make checks payable to Placer County Clerk/Recorder)

Credit card (+ 2.25%) <input type="checkbox"/>	Check/money order enclosed <input type="checkbox"/>	CNPR Request <input type="checkbox"/> (Certificate of No Public Record) (See part 3 on page 3)
Regular mail delivery	Regular mail delivery	

For mail & fax applications only, please enter card information below

Cardholder's Name	Card Number	Expiration Date	CVC (3-digit code)
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Return completed application with payment (and notarized Sworn Statement if requesting authorized certified copies):

Mail: Placer County Clerk/Recorder
2954 Richardson Drive
Auburn, CA 95603

Fax: (530) 886-5687

Internal Use Only		
Receipt #: _____	DL #: _____	Date: _____
Bk/Page: _____	Bank Note #: _____	Deputy: _____

Death Certificate Instructions

As part of statewide efforts to prevent identity theft, California law requires this office to issue 2 different types of certified copies: **authorized** and **informational**. Both types are certified copies of the original document on file with our office.

An **authorized certified copy** establishes the identity of the registrant (the decedent identified on the certificate). Only individuals who are authorized by Health and Safety Code section 103526 can obtain an authorized certified copy of a death record. (Part 2 of the application identifies the individuals who are authorized to make the request.) Applicants requesting an authorized certified copy must complete the **Sworn Statement**, declaring that they are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online.

All other individuals are issued an **informational certified copy**, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Part 1 – Death Record Information

Provide all the information you have available to identify the record. If the information provided is incomplete or inaccurate, the record might be impossible to locate. For each record requested, indicate the type (authorized or informational) and number of certified copies desired.

Part 2 – Authorized Certified Copy

To request an authorized certified copy, you (the applicant) must indicate your relationship to the registrant (the decedent identified on the certificate) and complete the Sworn Statement, declaring under penalty of perjury that you are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online. Applicants who cannot claim a relationship authorized by Health & Safety Code section 103526 are issued an **informational certified copy**, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Part 3 – Applicant Information and Payment

APPLICANT INFORMATION

Enter your name and address information in the space provided. Please include a daytime telephone number where we can reach you in case we have any questions regarding your order. Your telephone number will not be used for any other purpose.

PAYMENT BY CHECK / MONEY ORDER

Mail the completed application along with check or money order to our office at the address shown on page 1 of the application. Payments must be made in U.S. dollars in the form of a personal check, cashier's check, certified check, traveler's check, or money order. Make checks payable to: "Placer County Clerk/Recorder." A returned check fee of \$65.00 will be charged on all returned checks (Placer County Code section 2.116.090).

PAYMENT BY CREDIT CARD

Payment by credit card is required for all fax orders. Enter the cardholder's name, type of credit card, card number, expiration date (MM/YY), and card verification code (CVC). The CVC is typically a 3-digit number on the back of the credit card. Mail or fax the completed application to our office. A processing fee of 2.25% applies to, and will be added to, all credit card transactions.

CNPR REQUEST (CERTIFICATE OF NO PUBLIC RECORD)

If you require documentation that no record of the birth is found, check the box for CNPR Request on the application above. The fee will be retained for searching the record (as allowed by law) and a Certificate of No Public Record will be issued.

ONLINE ORDERS

Online orders may be made at www.VitalChek.com. VitalChek is an external authorized online ordering agent for government vital records who provides a secure Internet site, allowing the public to order vital records 24 hours a day. All VitalChek orders must be paid via credit card and a processing fee of \$12.95 applies to all VitalChek transactions.

FEES

The fee is **\$21.00** for each certified copy.

For questions about your order or further assistance, please contact our office:

Telephone: (530) 886-5600
Fax: (530) 886-5687