

**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.

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.)**

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.)**

- 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:	<b>\$24.00 per copy</b>	Number ordered: _____	<b>Total Amt:</b> \$ _____
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  
 Printed Name  
 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 \_\_\_\_\_ (20\_\_\_\_), 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 - 12/2021

*For Office Use Only*

<b>Certificates</b>	\$ _____
<b>Permits</b>	
Regular File	\$ _____
X-file Out	\$ _____
Misc/NSF	\$ _____
<b>Total Amt</b>	<b>\$ _____</b>

**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** \_\_\_\_\_

**INFORMATION:** In Person Requests require SWORN STATEMENT only.

Death records are maintained in the office of Placer County Vital Statistics for this year and last year only. We have records for deaths that occurred in Placer County only.

**INSTRUCTIONS:**

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Decedent Information portions of this form. If you are requesting an **Authorized Certified Copy**, complete the entire form and attached sworn statement.
2. You must sign a sworn statement in the presence of Office of Vital Statistics staff.  
Note: Funeral Directors do not need to sign the sworn statement in the presence of Office of Vital Statistics staff.
3. Complete this Application for orders of Death Certificates and for payment of Disposition fees.
4. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the decedent in the spaces under **Decedent Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
5. Submit **\$24.00** for **each** certified copy requested. Permit fee is \$12.00.
6. Payment method: Check, cash, or money order. Make checks payable to: P.C.V.S.

Anyone can obtain an Informational Certified Copy of a death record. The record is for informational purposes only and may not be used to establish identity. All signatures will be redacted. Informational copies will have the following words printed across the face of the document.

**"INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"**

Effective January 1, 2022, the cost for certified copies of death records and Permit for Disposition of Human Remains:

Death Certificates: \$24.00  
Disposition Permit: \$12.00