

**MAIL IN APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**

**NOTICE:** All Mail In applications must include the signed sworn statement and be notarized under penalty of perjury to receive an Authorized Certified copy.

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 <b>Authorized Certified Copy</b> of the record identified on the application form. <b>(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.)</b>	<input type="checkbox"/> I would like an <b>Informational Copy</b> of the record identified on the application form. <b>(You are not required to select from the list below in order to receive an Informational Copy.)</b> NOTE: <i>An Informational Copy does not require a sworn statement or notarization by mail or in person.</i>
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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)**  
**(Please read information and instructions before filling out this application form.)**

Name of Decedent (First)	Middle	Last (Family)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
City or Town of Death	County of Death	Date of Death	
<b>\$24.00 For each copy ordered</b>		<b>No. of Copies</b>	<b>Amount Enclosed \$</b> _____

**APPLICANT INFORMATION (PLEASE PRINT OR TYPE)**

Printed Name and Signature of Person Completing Application	Today's Date	Telephone Number (     )
Address - Number, Street	City	State      Zip Code

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

Name		
Street Address		
City	State	Zip

◀ This box is to be used as a mailing label for your return copy (s)  
  
 Please print your name and address.

From Roseville: Take **I-80 East** toward Reno. Take **exit #123/Bell Road**. Turn **Left** on **Bell Road**. Turn **Left** on **1<sup>st</sup> Street** (approx. 3 miles) into the Dewitt Center. Turn **Right** on **B Ave**. The Vital Statistics Office is about ½ down the block on the left.

Mail your completed application, notarized Sworn Statement, and payment (check or money order) to:

**Placer County Vital Statistics Office**  
 11484 B Avenue  
 Auburn, CA 95603

**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(c), and am eligible to receive an authorized certified copy of the birth or death certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate

(Day) (Month) (City) (State)

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_.

Signature \_\_\_\_\_

*Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)*

**CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of: \_\_\_\_\_ County Of: \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ a notary public, personally  
Name of Officer  
 appeared \_\_\_\_\_ who proved to me on the basis of satisfactory  
Name(s) of Signer(s)

evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

(Seal)

Witness my hand and official seal. Signature \_\_\_\_\_