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 Authorized Certified copies of death records. Those who are not authorized by law to receive an Authorized Certified copy will receive an Informational 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 Certified 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.)
NOTE: _An Informational copy does not require a sworn statement or notarization by mail or in person._

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.

DECEDENT INFORMATION (Please print or type)
(Please read information and instructions before filling out application form.)

Name of Decedent (First)	Middle	Last	Sex	☐ M ☐ F
City or Town of Death	County of Death	Date of Death	Social Security Number	

$21.00 For each copy ordered	No. of Copies	Amount Enclosed $_____

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 **1ˢᵗ 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.

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_____