

APPLICATION FOR CERTIFIED COPY OF A DEATH RECORD

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

Applicant: (Information & Mailing Address of Person/Agency Requesting)

Name:	Funeral Home Use Only: Received By (Print Name & Sign) Date
Street Address:	
City, State, Zip Code:	Telephone Number:

Applicant's relationship to person named on certificate. Please check one:

- Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders 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.
- A parent or legal guardian of person named on the certificate. (Legal guardian must provide documentation.)
- Child, grandparent, grandchild, sibling (brother or sister), spouse or registered domestic partner, or the surviving competent adult person(s) in the next degree of kinship of the person named on the certificate.
- A party entitled to receive record as a result of a court order. (A copy of the court order is required.)
- 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.
- A member of law enforcement agency or representative of another government agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- Appointed rights in a power of attorney or an executor of the registrant's estate. (A copy of the supporting documentation identifying you as the executor is required.)
- Other: Not Authorized, Certified Informational Copy. (This document will be printed with a legend on the face of the document that states: "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.")

A valid government issued photo ID is required for requesting authorized certified copies.

Death Certificate Information: **Number of copies requested:** _____ (\$21.00 ea.)

Name on Certificate: _____
First Middle Last

Date of Death: _____ City of Death: _____
MM/DD/YYYY

Mother's Maiden Name: _____
First Middle Last

Funeral Establishment: _____ License #: _____

Sworn Statement: Complete in front of Notary or Vital Records Deputy

I, _____ declare under penalty of perjury 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 death record identified on this application form.

Declared this _____ day of _____, _____, at _____.
Day Month Year City

Signature: _____

Per State Law, Sacramento County Vital Records' fees are non-refundable

Certificate of Acknowledgement: (This box must be complete for mail in applications.)

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, _____, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged 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 the 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. WITNESS my hand and official seal.

(seal)

Signature

Sacramento County Vital Records cannot be held responsible for lost, stolen, misdirected or undelivered mail. As an option, attach a paid certified envelope to ensure delivery of your request.

Office Use Only: Local File # _____ Banknote Paper # _____ Deputy _____

ID _____ Date, if Mailed _____ Misc _____

Applicant (Person or Agency requesting certified copy) Information & Mailing Address:

- Print or type your complete name and address.

NOTE: If mailed, this box is used as a mailing label for your copies.

Phone Number:

- Print or type your complete telephone number including area code.

Applicant Information: Person or Agency requesting Certified Copies:

Please place a check in the appropriate box describing your relationship to the person named on the certificate.

NOTE: A valid government issued photo ID is required for requesting authorized certified copies.

The California Health and Safety code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. If you are not an authorized person, a certified informational copy is available. Imprinted on the face of the copy will be **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."** (Sworn Statement & Notary not required for a certified informational copy.)

Per the Health and Safety code, section 103526(c) & 7100 the following are authorized persons to purchase a certified copy of a death certificate:

- Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders 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.
- A parent or legal guardian of the registrant.
- A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.
- The surviving competent adult person(s) respectively in the next degree of kinship.
- A party entitled to receive the record as a result of a court order.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- 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.
- An executor of the registrant's estate.

103526(b) Other; Any person or agency not authorized per the above will receive a certified informational copy.

Death Certificate Information: (Forms of payment accepted: check or money order via mail. Cash, check, money order, credit or debit card (fee applies), in person.

Print or type number of copies requested.

Print or type name of person on the certificate.

Print or type date of death.

Print or type city of death.

Print or type mother's maiden name.

Sworn Statement:

DO NOT COMPLETE THIS PORTION UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT. Section 103526 of the California Health and

Safety Code requires anyone requesting an authorized certified copy of a death record to complete and sign a sworn statement under penalty of perjury. Any agent or employee of a funeral establishment ordering death certificates on behalf of an authorized individual is not required to provide a notarized sworn statement. They are; however, required to complete and sign the sworn statement on the application form.

Certificate of Acknowledgement:

Complete entire application then take to a notary public. Complete and sign the sworn statement in front of the notary public. Request the notary to acknowledge your signature in the sworn statement.

Mail ALL copies of the application form and appropriate fees with check or money order ONLY payable to:

**Sacramento County Vital Records
7001 East Parkway, Suite 650
Sacramento, CA 95823**

**Information line:
(916) 875-5345**

Note: Sacramento County does not hold pending orders; Sacramento County does not verify amended orders. All orders will be processed per Health and Safety code 103625 and 103650.

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