

APPLICATION FOR CERTIFIED COPY OF A FETAL DEATH RECORD

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

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

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

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

- Any agent or employee of a funeral establishment... A parent or legal guardian... Child, grandparent, grandchild, sibling... A party entitled to receive record... An attorney... A member of law enforcement agency... Appointed rights in a power of attorney... Other: Not Authorized, Certified Informational Copy.

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

Death Certificate Information: Number of copies requested: Name on Certificate: Date of Death: Mother's Maiden Name: 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 .

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.

Signature (seal)

\*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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