

Nevada County

CLERK-RECORDER'S OFFICE



950 Maidu Ave Suite 210, Nevada City, CA 95959
 Website: www.nevadacountyca.gov/recorder

• Recorder (530) 265-1221 • Fax (530) 265-9842
 Email: nc.recorder@nevadacountyca.gov

APPLICATION FOR DEATH CERTIFICATE

IF A SEARCH RESULTS IN NO RECORD FOUND, THE CUSTOMER WILL BE CHARGED THE COST OF THE SEARCH AND A CERTIFICATE OF NO RECORD WILL BE ISSUED. (PURSUANT TO GOVERNMENT CODE 27369 AND HEALTH & SAFETY CODE 103650).

Authorized Certified Copy: *To Prove Identity*
Complete Section 1 and 2

(For Legal Purposes)

(Mail orders **MUST** be notarized-see back of form)

Informational Certified Copy:
Complete Section 1

(Informational is not a valid document to establish identity)

(See back of form for details)

SECTION 1: COMPLETE FOR BOTH INFORMATIONAL OR AUTHORIZED CERTIFIED COPY

Name on Certificate:

First	Middle	Last
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Date of Death:	Number of Copies:	x \$26.00 per copy+\$3.00 S&H
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City of Death: _____

Name of Person Requesting Record: (Your Name) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: (optional) _____ Fax: _____

Today's Date: _____ Driver's License/ID: _____

SECTION 2: COMPLETE FOR AUTHORIZED CERTIFIED COPY

Relationship to Name on Certificate:

- | | |
|--|--|
| <input type="checkbox"/> Parent/Legal Guardian | <input type="checkbox"/> Attorney of Record |
| <input type="checkbox"/> Spouse/Domestic Partner | <input type="checkbox"/> Funeral Director |
| <input type="checkbox"/> Child | <input type="checkbox"/> Law Enforcement/Government Agency |
| <input type="checkbox"/> Grandparent/Grandchild | <input type="checkbox"/> Authorized by way of Court Order |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Surviving Next of Kin (specified in HSC 7100) |

I, **the undersigned applicant**, 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 a certified copy of the death record identified on this application form.

Sworn on this date _____, 20____ in _____
 (City, State)

Signature _____

DATE: _____ BK/Pg: _____ CERT# _____ CLERK INITIALS: _____

Per the California Health and Safety Code, Section 103526 and 7100, will permit only authorized individuals to receive authorized certified copies of birth or death records. An Authorized Certified Copy of a death certificate is required to obtain a driver's license, passport, social security card and other services related to an individual's identity. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked "**INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY**".

In order to obtain an Authorized Certified Copy on or after July 1, 2003 you **MUST** complete the sworn statement on the front of this application for a record and sign the statement under penalty of perjury. If you mail your request, your sworn statement must be notarized.

If your mailed request indicates that you want an Authorized Certified Copy but does not include a signed statement sworn under penalty of perjury and an original Certificate of Acknowledgment, the request will be rejected as incomplete and returned to you without being processed.

The Certificate of Acknowledgment is required only for mail requests for copies and only for an Authorized Certified Copy- See above information. If you only require an Informational Copy, you do not need a completed Certificate of Acknowledgment

If you are requesting multiple records, you must complete an application for each record, however only one Certificate of Acknowledgment is needed for all applications submitted concurrently.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

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.

On _____, before me, _____, Notary Public
(INSERT NOTARY NAME)

personally appeared _____ who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument & acknowledged to me that he/she/their executed the same in his/her 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.

(NOTARY SEAL)

NOTARY SIGNATURE