



IN-PERSON APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A DEATH RECORD

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1 Death Certificate Information: # of Copies: Name: Date of Death: City of Death: Father's Name: Mother's Name:

2 Applicant Information: Name: Address: Mailing Address: Telephone Number:

3 To obtain an Authorized Certified Copy you must check the appropriate box below: I am: [ ] The parent or legal guardian of the decedent. [ ] A child, grandparent, grandchild, sibling, spouse or domestic partner of the decedent. [ ] A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the death record in order to comply with the requirements of Section 3140 or 7603 of the Family code. [ ] An attorney representing the decedent or the decedent's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the decedent or the decedent's estate [ ] A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business [ ] Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code

4 I, [ ] swear 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 a certified copy of the death record identified on this application form. Sworn this [ ] day of [ ] , [ ] , at [ ] Signature: [ ]

Office Use Only: Faxed: Amount Collected: Payment Method: Mailed: Bank Note#: Initials:

## INSTRUCTIONS TO COMPLETE IN-PERSON APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A DEATH RECORD

<b>1</b>	<p><b>Death Certificate Information:</b></p> <p>Print or type number of copies requested Print or type name of decedent Print or type date of death Print or type city of death Print or type father's name Print or type mother's maiden name</p>
<b>2</b>	<p><b>Applicant Information:</b></p> <p>Print or type name of person ordering copy Print or type address of person ordering copy Print or type mailing address of person ordering copy, if different then address above Print or type telephone number of person ordering copy, including area code</p>
<b>3</b>	<p>Section 103526 of the California Health and Safety Code restricts who is authorized to obtain an unrestricted certified copy of a death record. You must be one of the authorized persons described in the six sentences in area 3 on the form. Please check the box that authorizes you to obtain an unrestricted certified copy of a death record.</p>
<b>4</b>	<p>Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a death record to complete and sign the sworn statement in area four on the front of this application. Please print your name in the space provided. Complete the space for the date. <b>STOP.</b> Sworn statement must be signed in front of the Deputy Registrar.</p> <p>Nevada County Vital Records 500 Crown Point Circle, Suite 110 Grass Valley, CA 95945 (530) 265-7264</p>