



MAIL-IN 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: Other Parent's Name: Mother's Name:

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

3 To obtain an authorized Certified Copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies and check the appropriate box below

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.

5 Certificate of Acknowledgement 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.

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

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

1	<p>Death Certificate Information:</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>
2	<p>Applicant Information:</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>
3	<p>Using the list below check the box next to the code section in item 3 on the front of this application that authorizes you to obtain an unrestricted certified copy of a death record:</p> <p>103526(c)(1) The parent or legal guardian of the decedent</p> <p>103526(c)(2) 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.</p> <p>103526(c)(3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business</p> <p>103526(c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the decedent</p> <p>103526(c)(5) 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</p> <p>103526(c)(6) 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</p>
4	<p>COMPLETE THIS PART UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT IN ITEM 5.</p> <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 a sworn statement under penalty of perjury.</p>
5	<p>Certificate of Acknowledgement</p> <p>Complete items 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in item 4 in front of the notary public. Request the notary acknowledge your signature in the sworn statement in item 4. Mail the original application with the appropriate fee to:</p> <p>Nevada County Vital Records 500 Crown Point Circle, Suite 110 Grass Valley, CA 95945 (530) 265-7264</p>