WRITTEN APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A DEATH RECORD

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1

Death Certificate Information: Fee: $21.00 per copy Number of copies requested: _____

Name: _____
First Middle Last

Date of Death: _____ City of Death: _____
Month, Day, Year

Father's Name: _____
First Middle Last

Mother's Maiden Name: _____
First Middle Last (Maiden)

2

Applicant Information:

Name: _____
First Middle Last

Address: _____
Number and Street City State Zip Code

Mailing Address: _____
If different than above Number and Street City State Zip Code

Telephone Number: (_____)_____ Email: _____

3

To obtain an Unrestricted 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

☐ 103526(c)(1) ☐ 103526(c)(2) ☐ 103526(c)(3) ☐ 103526(c)(4)

☐ 103526(c)(5) ☐ 103526(c)(6)

4

I, _____ swear under penalty of perjury that I am an authorized person, as
Printed Name
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: _____

5

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.

Certificate of Acknowledgement State of _____ County of _____
On _____ before me, _____, personally appeared _____
who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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.

_____
Signature

(seal)

Office use only: Receipt # _____ Paper #_____ Date _____

Clerk_____ Check#_____ M/O#_____