

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THIS APPLICATION

California law (Health and Safety Code Section 103526), permits only authorized individuals as listed on the application to receive certified copies of death records. Those who are not authorized by law to receive an authorized certified copy will receive a certified informational copy with the legend, **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

Please indicate the type of certified copy you are requesting:

- I am requesting a **Certified AUTHORIZED** copy I am requesting a **Certified INFORMATIONAL** copy

NOTE: Both documents are certified copies of the original document on file in our office. With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** below. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy. The Sworn Statement **MUST BE NOTARIZED** unless you are a member of a law enforcement agency or representative of a state or local government agency, an agent or employee of a funeral establishment.

RELATIONSHIP:

- | | |
|--|--|
| <input type="checkbox"/> Child/Sibling of Registrant (or a relative described in HSC §7100 (a)(1)-(8)) | <input type="checkbox"/> Spouse/Registered Domestic Partner of Registrant |
| <input type="checkbox"/> Grandparent/Grandchild of Registrant | <input type="checkbox"/> Attorney Representing Registrant or Registrant’s Estate |
| <input type="checkbox"/> Authorized by Court Order (Include copy of the court order.) | <input type="checkbox"/> Law Enforcement/Govt. Agency (Conducting Official Business) |
| <input type="checkbox"/> Parent/Legal Guardian of Registrant (Must provide documentation.) | <input type="checkbox"/> Surviving Next of Kin (specified in HSC §7100) |
| <input type="checkbox"/> An Agent or Employee of a Funeral Establishment (Acting within the scope of employment <u>and</u> on behalf of persons specified in HSC §7100 (a)(1)-(8)) | |
| <input type="checkbox"/> Power of Attorney/Executor of the Registrant’s Estate (Include a copy of the power of attorney or documentation identifying you as executor.) | |

APPLICANT INFORMATION (PRINT OR TYPE) Today’s Date:

Agency Name (If Applicable)		Agency Case Number	Inmate ID Number	
Name of Person Completing Application		Signature of Applicant	Purpose of Request	<input type="checkbox"/> Check this box for CNPR
Mailing Address – Number, Street, and Unit # (if applicable)		Amount Enclosed – CASH ONLY \$ _____		Number of Copies
City		Name of Person Receiving Copies if Different from Applicant		
State/Province	ZIP Code	Country	Mailing Address for Copies if Different from Applicant	
Daytime Telephone Number ()	Email Address		City	State ZIP Code

DEATH RECORD INFORMATION (PRINT OR TYPE)

Complete the information below as shown on the death record, to the best of your knowledge.

Name of Decedent – FIRST	MIDDLE	LAST	
City of Death (must be in California)	County of Death	Date of Birth – MM/DD/YYYY	State of Birth
Date of Death – MM/DD/YYYY (If unknown, enter approximate date)		Social Security Number	
Mother/Parent Name (First, Middle, Last)		Name of Spouse/Domestic Partner of Decedent (First, Middle, Last)	

FEE: \$31 PER COPY (PAYABLE TO San Benito County Public Health) Funeral Homes: Submit a Check- Personal Requests: CASH ONLY

Cash Only Notarized Sworn Statement Enclosed (if applicable)

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Printed Name)

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 of the following individual(s):

Name of Person Listed on the Death Certificate	Your Relationship to the Person Listed on the Death Certificate

(The remaining information must be completed in the presence of a Notary Public or County Clerk staff.)

Subscribed to this _____ day of _____, 20____, at _____,
(Day) (Month) (City) (State)

(Signature of person requesting certified copy)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

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 _____) ss

On _____, before me, _____, personally
(Insert your name and title)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.

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

INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
2. Complete a separate application form for each death record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Death Record Information** section, provide all the information you have available to identify the death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record. **If the registrant has been adopted, please make the request in the adopted name, and submit your request and fee directly to the Office of Vital Records, Attention Certified Copies, MS 5103, PO Box 997410, Sacramento, CA 95899-7410.**
4. SWORN STATEMENT:
 - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring, under penalty of perjury, that they are eligible to receive the certified copy of the death record, and identify their relationship to the registrant (person listed on the certificate) – the relationship must be one of those identified on Page 1.
 - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
 - You do not have to provide a Sworn Statement if you are requesting a certified informational copy of the death record,
5. Funeral Homes - Submit **\$26** for **each** certified copy requested CHECKS ONLY.
6. Personal Requests - In person ONLY, submit **\$26** for each certified copy requested CASH ONLY.
7. Funeral Homes - Mail this application with the fee(s) and a self-addressed stamped envelope to:

San Benito County Public Health
351 Tres Pinos Rd, Ste A-202
Hollister, CA 95023
831-637-5367 (phone)
831-637-9073 (fax)