



APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

NAME OF DECEDENT:	First	Middle	Last
DATE OF DEATH:	Month/Date/Year	Place of Death	City or County

Name of Applicant:	First	Middle	Last
Mailing Address:	Number & Street	City & State	Zip Code
Phone Number:	Home: _____ Cell: _____		

Please Check The Appropriate Box:

- I am an agent or employee of a funeral establishment
 - I am the registrant or a parent or legal guardian
 - I am a child, grandparent, grandchild, sibling, spouse, or domestic partner
 - I am a party entitled to receive the certificate as a result of court order, or an attorney or a licensed adoption agency seeking the birth certificate in order to comply with the requirements of section 3140 or 7603 of the family code
 - I am an attorney representing the registrant of the registrants estate or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrants estate
 - I am a member of a law enforcement agency or a representative of another government agency as provided by law who is conducting official business
- OR-
- I do not qualify as an authorized requestor and am requesting a Certified Informational Copy only. I understand this copy will be stamped "Informational, Not a valid document to establish identity".**

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

City/State where signed _____

Signature of Applicant _____ Date _____

If applying by mail, and the applicant is an authorized requestor, the applicant's signature must be notarized and the acknowledgement must be attached to this application. No acknowledgement is necessary if requesting a certified informational copy only.

For Official Use Only		
Initial of Clerk Issuing Copy	Date Copy Issued	ID #
Receipt #	Type Issued: ___ Certified ___ Informational	
Certificate #	Order Method: ___ In Person ___ Mail	CDL ___ Other _____