

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**DO NOT Complete This Application Before Reading the Instructions on Page 2**

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of death certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that **are not** valid to establish identity.

Fee: \$21.00 per copy (payable to the Office of Vital Records).

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency .)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, " INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY ". (A Sworn Statement does not need to be provided.)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a **Certified Copy** I am:

- A parent or legal guardian of the registrant (person listed on the certificate).
- A party entitled to receive the record as a result of a court order.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (*Companies representing a government agency must provide authorization from the government agency.*)
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (*If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.*)
- Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)		Today's Date: _____	
Printed Name and Signature of Person Completing Application		Purpose of Request	Area Code and Telephone ()
Mailing Address – Number, Street		City	State ZIP Code
Name of Person Receiving Copies, if Different From Above		Number of Copies	Amount Enclosed
Mailing Address for Copies, if Different From Above		City	State ZIP Code

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)				
Name of Decedent – Last		First	Middle	Sex
City of Death	County of Death	Date of Birth – MM/DD/CCYY	State of Birth	
Date of Death – MM/DD/CCYY (Or Period of Years to be Searched)			Social Security Number	
Maiden Name – Mother/Parent		Name of Spouse/Domestic Partner of Decedent (Last , First, Middle)		

DEATH

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INFORMATION: Death records have been maintained in the Office of the State Registrar of Vital Records since July 1, 1905.

INSTRUCTIONS:

1. As of July 1, 2003, **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 for each death record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Decedent 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.
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. Submit \$16 for **each** copy requested. If no death record is found, the \$16 fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to the **Colusa County Health and Human Services**. Mail this application with the fee(s) to the office below.
6. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

Colusa County Health and Human Services
251 E Webster Street
Colusa, CA 95932
(530) 458-0380

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Applicant's 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 birth or death record of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

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

(Applicant's Signature)

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

State of _____)
) ss
County of _____)

On _____ before me, _____, personally appeared _____,
(insert name and title of the officer here)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) 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.

WITNESS my hand and official seal.
(NOTARY SEAL)

NOTARY SIGNATURE