

APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A DEATH RECORD

CERTIFICATE TYPE REQUESTED: AUTHORIZED CERTIFIED COPY (COMPLETE ALL SECTIONS)
 INFORMATIONAL ONLY (COMPLETE SECTIONS 1 & 2 ONLY)

1.	Death Certificate Information:	Number of copies requested: _____
	Decedents Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>	
	Date of Death: _____ City of Death _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Month, Day, Year County of Death </div>	
2.	Applicant Information:	
	Name: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>	
	Mailing Address: _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Number and Street City State Zip Code </div>	
	Telephone Number (_____) _____	
3.	To obtain an authorized certified copy you must check the appropriate box below:	
	I am:	
	<input type="checkbox"/> A parent or legal guardian of the registrant	
	<input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.	
	<input type="checkbox"/> 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.	
	<input type="checkbox"/> 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.	
	<input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.	
	<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)).	

***** PLEASE READ *****

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, funeral homes, and local and state governmental agencies are exempt from the notary requirement.)

(For notary listings, please check your telephone directory.)

INFORMATION: Death records are maintained in the Stanislaus County Vital Records office for the current calendar year and one year previous.

INSTRUCTIONS FOR OBTAINING A DEATH CERTIFICATE

1. If you are requesting a certified Informational Copy, complete only the Applicant Information and Decedent Information portions of this form. If you are requesting a regular Certified Copy, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of Vital Records staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
4. Use a separate application form for each different record of death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
5. Complete the Applicant Information section and provide your signature where indicated. Give all the information you have available to identify the record of the decedent in the spaces under Decedent Information. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
6. Submit \$21 for each certified copy requested. If no record of the death is found, the \$21 fee may be retained for searching as required by statute. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to Vital Records. Mail this application with the fee(s) to:

**Stanislaus County - Vital Records
917 Oakdale Rd.
Modesto, CA 95355**

Statement of Oath

4. I, _____ am the _____, swear
Your Printed Name Your relationship to registrant
under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525 (c) and am eligible to receive the authorized certified copy(s) of the death record identified on the application form.

Sworn: _____ At: _____
Date City, State

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, funeral homes, and local and state governmental agencies are exempt from the notary requirement.)

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.

State of _____)
County of _____)

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

_____, who 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.

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.
(SEAL)

SIGNATURE