



APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

Pursuant to California Health and Safety Code Section 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a death record.

- ❖ The registrant or a parent or legal guardian of the registrant
- ❖ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code
- ❖ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- ❖ A child, grandparent, grandchild, sibling, 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.
- ❖ Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.
- ❖ Surviving Next of Kin (specified in HSC §7100)

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS FOR AUTHORIZED COPIES MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

Pickup I am requesting an AUTHORIZED copy I am requesting an INFORMATIONAL copy

	NUMBER OF COPIES				
	NUMERO DE COPIAS				
Month/Mes		Day/Dia	Year/Año		
Date of Death – Fecha De Defuncion					
NAME OF DECEASED (first, middle, last) –NOMBRE DE DIFUNTO (primer, segundo, apellido)					
CITY OF DEATH - CIUDAD DE DEFUNCION					
RELATIONSHIP TO REGISTRANT (SEE ABOVE) – PARENTESCO CON LAS PERSONA REGISTRADA (VEASE ARRIBA)					
<p>I _____ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525(b), and am eligible to receive an AUTHORIZED certified copy of the death record identified on this application form.</p> <p>Sworn this _____ day of _____, _____ at _____</p> <p>Signature _____</p>					

FOR DPH USE ONLY

Receipt/Log #

BNPNS#

**Veterans-See reverse side
of first copy
Veteranos-Vean el dorso
de la segunda copia**

DL/ID/FD License # _____ Phone Number _____

MAIL TO: (Applicant or Funeral Director)

Complete your name and mailing address below. – Escriba abajo su nombre y direccion.

NAME/NOMBRE		
STREET ADDRESS/NUMERO Y CALLE		
CITY /CIUDAD	STATE/ESTADO	ZIP/ZONA POSTAL

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF YOU ARE A VETERAN.

If you believe you qualify for a free certified copy under these provisions, complete the following affidavit.

I hereby apply for a free certified copy of the record as shown on the reverse side and declare under penalty of perjury that the free copy is to be furnished to

_____ in a claim for _____

FEDERAL OR STATE AGENCY

TYPE OF BENEFIT

DATE

SIGNATURE OF VETERAN OR AUTHORIZED AGENT

RELATIONSHIP OF AGENT

NUMBER-STREET

CITY STATE ZIP

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.