

**MAIL APPLICATION FOR AUTHORIZED CERTIFIED COPY
OF A DEATH RECORD**

PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING

1	<p>Death Certificate Information: Number of copies requested: _____</p> <p>Name: _____ First Middle Last</p> <p>Date of Death: _____ City of Death: _____ Month, Day, Year</p> <p>Father's Name: _____ First Middle Last</p> <p>Mother's Maiden Name: _____ First Middle Last</p>
2	<p>Applicant Information:</p> <p>Name: _____ First Middle Last</p> <p>Address: _____ Number and Street City State Zip Code</p> <p>Delivery Address: _____ If different than above Number and Street City State Zip Code</p> <p>Telephone Number: (____) _____ Area Code</p>
3	<p>To obtain an authorized certified copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies and check the appropriate box below:</p> <p><input type="checkbox"/> 103526(c)(1) <input type="checkbox"/> 103526(c)(2) <input type="checkbox"/> 103526(c)(3) <input type="checkbox"/> 103526(c)(4)</p> <p><input type="checkbox"/> 103526(c)(5) <input type="checkbox"/> 103526(c)(6)</p>
4	<p>I, _____ swear under penalty of perjury that I am an authorized person, as Printed Name</p> <p>defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an authorized certified copy of the death record identified on this application form. Sworn this ____ day of _____, _____, at _____ Signature: _____</p>
5	<p>Certificate of Acknowledgement State of _____ County of _____</p> <p>On _____ before me, _____, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.</p> <p>_____ Signature (seal)</p>
<p>Office use only: Reel _____ Image _____ Cert. No. _____</p> <p>Paper No. _____</p>	