Department of Public Health Office of Vital Statistics
202 Mira Loma Drive, Oroville CA 95965-3500
Telephone: 530/538-7700 FAX: 530/538-7023

Mail-In Application for Authorized Certified Copy of a Death Record

Please review the instructions on the back before completing.

1 Death Certificate Information:

Number of copies requested: _____

Date of Death: ____ | ____ | _____ City of Death: _____

Name: _____
First Middle Last

Father's Name: _____
First Middle Last

Mother's Maiden Name: _____
First Middle Last

2 Applicant Information:

Name: _____
First Middle Last

Address: _____
Number and Street City State Zip Code

Mailing Address: _____
If different than above. Number and Street City State Zip Code

Daytime Phone: ____ | _____
Area Code and Number

3 To obtain an authorized certified copy you must check the appropriate box below:

☐ 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's estate.

☐ A funeral director ordering 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.

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I, _____ , swear under penalty of perjury that I am an authorized person,
Printed Name

as defined in California Health and Safety Code Section 103525 (c), and am eligible to receive an authorized certified copy of the death record identified on the application form.

Sworn this _____ day of _____ , _____ , at _____

Signature: _____

5 Certificate of Acknowledgement:

State of: _____ County of: _____

On, _____ , before me, _____ , personally appeared _____

personally known to me (or proved to me on the basis of satisfactory evidence) to by 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.

Signature: _____ (seal)

Office use only: Receipt# _____ Certificate #'s Start: _____

Date issued and logged: _____ Certificate #'s End: _____