

## APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

Effective July 1, 2003, California Health and Safety Code Section 103526 changed the way certified copies of birth 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.

Fees: \$21.00 per copy (**payable to Butte County Public Health**).

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a <b>Certified Copy</b> . This copy will establish the identity of the registrant. (To receive a Certified Copy you <b>must</b> indicate your relationship to the registrant by selecting from the list below <b>AND</b> complete the attached Sworn Statement declaring that you are eligible to receive the Certified Copy. The Sworn Statement must be notarized <b>if</b> the application is submitted by mail <b>unless you are a law enforcement or local or state governmental agency</b> .)	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . This document will be printed with a legend on the face of the document that states, " <b>INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.</b> " (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:

- The registrant (person listed on the certificate) 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. (*Companies representing a government agency must provide authorization from the government agency.*)
- 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. (*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.*)

### APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name <b>and Signature</b> of Person Completing Application		Today's Date	Telephone Number – Area Code First ( )	
Address – Number, Street	City		State	ZIP Code
Name of Person Receiving Copies, if Different From Above	No. of Copies	Amount Enclosed	Purpose of Request	
Mailing Address for Copies, If Different From Above	City		State	ZIP Code

### DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First Name	Name on Certificate – Middle Name	Name on Certificate – Last Name
City or Town of Death		Death – County
Date of Death – Month, Day, Year		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Name on Certificate – Father's First Name	Name on Certificate – Father's Middle Name	Name on Certificate – Father's Last Name
Name on Certificate – Mother's First Name	Name on Certificate – Mother's Middle Name	Name on Certificate – Mother's Maiden Name

DEATH

## SWORN STATEMENT

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
(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	Relationship to Person Listed on Certificate

*(The remaining information must be completed in the presence of a Notary Public or Butte County Clerk-Recorder staff.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Signature)

***Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below. A notary public must complete the certificate of acknowledgment. (Law enforcement and local and state governmental agencies are exempt from the notary requirement). Mail with check or money order for \$21.00 for each certificate ordered to Butte County Public Health, 202 Mira Loma Dr., Oroville, CA 95965.***

## CERTIFICATE OF ACKNOWLEDGMENT

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)

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.

\_\_\_\_\_  
 SIGNATURE

(Seal)