

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

California Health & Safety Code Section 103526(c) permits only authorized individuals as listed on the application to receive certified copies of death records. Those who are not authorized by law to receive an authorized copy will receive a certified informational copy with the legend, **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

Please indicate the type of certified copy you are requesting:	<input type="checkbox"/> I am requesting a CERTIFIED AUTHORIZED copy.
	<input type="checkbox"/> I am requesting a CERTIFIED INFORMATIONAL copy. This certified copy includes the legend and redaction of signatures and Social Security Number.

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** below. To receive a certified copy, the applicant must sign a sworn statement (Page 2) that he or she is authorized to receive the certified copy. The sworn statement **MUST BE NOTARIZED** unless you are a member of law enforcement agency or representative of a state or local government agency, an agent or employee of a funeral establishment. Please indicate your **RELATIONSHIP** below:

- | | |
|--|--|
| <input type="checkbox"/> Child/Sibling of Registrant
<input type="checkbox"/> Grandparent/Grandchild of Registrant
<input type="checkbox"/> Authorized by Court Order (copy of order required)
<input type="checkbox"/> Parent/Legal Guardian of Registrant (Documentation required)
<input type="checkbox"/> An agent/employee of a Funeral Establishment (Acting within scope of employment & on behalf of persons specified in HSC §7100 (a)(1)-(8))
<input type="checkbox"/> Power of Attorney/Executor or the Registrant's Estate (Copy of Power of Attorney or documentation identifying you as executor.)
<input type="checkbox"/> Authorized individual under HSC §7100, please specify: _____ | <input type="checkbox"/> Spouse/Registered Domestic Partner of Registrant
<input type="checkbox"/> Attorney Representing Registrant or Registrant's Estate
<input type="checkbox"/> Law Enforcement/Govt. Agency (Conducting Official Business)
<input type="checkbox"/> Surviving Next of Kin (specified in HSC §7100) |
|--|--|

APPLICANT'S INFORMATION (PRINT OR TYPE)		Today's Date: _____
Applicant's Name	Telephone Number	Applicant's Driver's License
Address – Number, Street, Unit # (if Applicable)	City and State	Zip Code

DEATH RECORD INFORMATION			
Name of Decedent – First	Middle	Last	# of Copies
City or Town of Death	County of Death	Date of Death (MM/DD/YYYY)	Sex
	El Dorado		
Father/Parent Name (First, Middle, Last)		Mother/Parent Name (First, Middle, Last)	
Spouse/Partner of Decedent Name (First, Middle, Last)			

Has this record been amended to add/correct name(s) or misspelling(s)? No Yes

Mailing Information, if different from above	Special Instructions:
Name:	Note: orders are processed within 48 hours & returned U.S. Postal Service regular mail. If another method is requested, your order will need to be processed through vitalchek.com
Mailing Address:	
City, State & Zip:	

*****OFFICE USE ONLY*****

Book/Page/LRN:	Certificate(s) Number:
Date Mailed:	Tracking Information:

SWORN STATEMENT – MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

I, _____, swear under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined by California Health and Safety Code 103526(c), and am eligible to receive a certified copy of the death record of the following individual:

Name of Person Listed on Certificate	Applicant's Relationship to Person on Certificate

Sworn this ____ day of _____, 20____ at _____, _____.

(Day) (Month) (Year) (City) (State)

Applicant's Signature: _____

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 California)
County of _____)

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

personally appeared _____, who proved to me on the basis of satisfactory evidence to 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 and the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: _____ (Seal)

Please make personal checks, money order or cashier's checks payable to: El Dorado County Recorder

Mail Requests to:
El Dorado County Recorder
360 Fair Lane
Placerville CA 95667

Fee: \$24.00 per copy

If you have any questions, please feel free to contact our office at (530) 621-5490
Monday through Friday, except legal holidays, from 8:00 am to 5:00 pm