

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form).

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of birth records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”** Please indicate whether you would like a Certified Copy or a certified Informational Copy.

I would like a **Certified Copy** of the record identified on the application form. *(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)*

I would like a certified **Informational Copy** of the record identified on the application form. *(You are not required to select from the list below in order to receive an Informational Copy.)*

I am:

- 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.

STOP! DO NOT complete the rest of this form before reading the detailed instructions on the back.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Requesting Record		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	E-mail Address	
Mailing Address for Copies, If Different From Above	City		State	ZIP Code

DEATH CERTIFICATE 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		Place of Death – County		
Date of Death – Month, Day, Year (If unknown, enter approximate date of death)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		

DEATH

INFORMATION: Death records are maintained in this office **ONLY for the current year and the prior year..** All other years, including years mentioned above are kept at the Mendocino County Assessor Clerk Recorders Office. Their phone number is (707) 234-6822

INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Death Certificate Information portions of this form. If you are requesting a regular **Certified Copy**, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of Office of Vital Records staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.**
4. Use a separate application form for each different record of death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
5. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Death Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. **If the registrant has been adopted, please make the request in the adopted name.**
6. Submit **\$24** for **each** certified copy requested. If no record of the death is found, the **\$24** fee will be retained for searching as required by statute and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests) made payable to the **Mendocino County Public Health**. Mail this application with the fee(s) to the **Mendocino County Public Health, Attn: RoseMary, 1120 S. Dora Street, Ukiah, CA. 95482**

Mendocino County Public Health
Attn: RoseMary
1120 S. Dora Street
Ukiah, CA. 95482
(707)472--2772

BIRTH

SWORN STATEMENT

I, _____, swear 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

Sworn 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 California All Purpose Acknowledgment below.

CALIFORNIA ALL PURPOSE 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 personally appeared _____, personally appeared
(insert name and title of the officer)

_____, who 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.

(NOTARY SEAL)

NOTARY SIGNATURE