

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 death 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 an 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 an **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:

- 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.
- 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.

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 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	E-mail Address	
Mailing Address for Copies, if Different From Above	City		State	ZIP Code

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent – First (Given)		Middle	Last (Family)	Sex
Place of Death – City or Town	Place of Death – County	Place of Birth	Date of Birth	
Date of Death – Month, Day, Year (Or Period of Years to be Searched)			Social Security Number	
Mother's Maiden Name		Name of Spouse (Husband or Wife of Decedent)		

DEATH

FOR OFFICE USE ONLY

Receipt _____ Book _____ Page _____ Date _____

Amt _____ Ck/Cash _____ Doc # _____ # of Certs _____

INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Decedent 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 death certificate you wish to obtain and your relationship to that individual.** (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
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 decedent in the spaces under **Decedent Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
6. Submit **\$12** for **each** certified copy requested. If no record of the death is found, the **\$12** 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 **Siskiyou County Recorder**. Mail this application with the fee(s) to the Siskiyou County Recorder's Office, 311 Fourth St., Rm 108, Yreka, CA 96097.

Siskiyou County Recorder's Office
311 Fourth Street, Room 108
Yreka, CA 96097

DEATH

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Applicant's 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	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (City) (State)

 (Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of California)

County of _____)

On _____ before me, _____, personally appeared _____,
 (here 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.
 (SEAL)

 SIGNATURE