

Application for Certified Copy of a Death Record
Please Review the Instructions Before Completing

1	<p>Death Certificate Information: Number of certified copies: _____</p> <p>Name of Deceased: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Middle Last </div> </p> <p>Date of Death: _____ Place of Death: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Month, Day, Year Hospital / Residence </div> </p> <p>Father's Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Middle Last </div> </p> <p>Mother's Maiden Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Middle Last </div> </p>
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2	<p>Applicant Information (individual requesting copies):</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> First Middle Last </div> </p> <p>Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> Number and Street City State Zip Code </div> </p> <p>Mailing Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> If different than above Number and Street City State Zip Code </div> </p> <p>Telephone Number with area code: (____) _____</p>
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3	<p>To obtain an <u>Authorized</u> Certified Copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies and check the appropriate box below:</p> <p> <input type="checkbox"/> 103526(c)(1) <input type="checkbox"/> 103526(c)(2) <input type="checkbox"/> 103526(c)(3) <input type="checkbox"/> 103526(c)(4) </p> <p> <input type="checkbox"/> 103526(c)(5) <input type="checkbox"/> 103526(c)(6) </p>
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4	<p>I, _____ swear under penalty of perjury that I am an authorized person, as <div style="display: flex; justify-content: center; margin: 0 auto;"> Printed Name </div> defined in California Health and Safety Code Section 103525 (c), and am eligible to receive a certified copy of the death record identified on this application form. Sworn this ____ day of _____, _____, at _____ Signature: _____</p>
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5	<p>Certificate of Acknowledgement State of _____ County of _____</p> <p>On _____ before me, _____, personally appeared _____ personally known to me (or proved to me on the basis of satisfactory evidence) to be 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.</p> <p>_____ Signature (seal)</p>
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<p>Office use only: Certificate # _____ Paper # _____</p> <p style="text-align: center;">ID / DL# _____ Deputy _____</p>

Certified Death Record Application Instructions

1	Death Certificate Information: Print or type number of certified copies requested Print or type name of decedent Print or type date of death Print or type city of death Print or type father's name Print or type mother's maiden name
2	Applicant Information: Print or type name of person ordering copy Print or type address of person ordering copy Print or type mailing address of person ordering copy, if different than address above Print or type telephone number of person ordering copy, including area code
3	Using the list below check the box next to the code section in item 3 on the front of this application that authorizes you to obtain an authorized certified copy of a death record: 103526(c)(1) The registrant or a parent or legal guardian of the registrant 103526(c)(2) 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. 103526(c)(3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. 103526(c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant. 103526(c)(5) 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. 103526(c)(6) Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.
4	DO NOT COMPLETE THIS PART UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT IN ITEM 5. Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a death record to complete and sign a sworn statement under penalty of perjury.
5	Certificate of Acknowledgement Complete items 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in item 4 in front of the notary public. Request the notary acknowledge your signature in the sworn statement in item 4. Mail the original application with the appropriate fee (\$12.00 each copy), a self-addressed stamped envelope and a check made payable to: City of Pasadena Public Health Department Vital Records Office 1845 North Fair Oaks Avenue, Room 1136 Pasadena, CA 91103 