

## APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of death 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: As of January 1, 2015 **\$21** per copy (payable to the Trinity County Recorder).

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 if the application is submitted by mail.)	<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:

- A parent or legal guardian of the registrant (person listed on the certificate).
- A party entitled to receive the record as a result of a court order.
- 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.*)
- 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.
- Surviving Next of Kin (specified in HSC §7100)

**DO NOT complete the rest of this form before reading the detailed instructions on Page 2.**

### 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 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)		

**INFORMATION:** Death records have been maintained in the Office of the State Registrar of Vital Statistics since July 1, 1905.

## INSTRUCTIONS

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record to establish identity of the registrant. (Page 1 of the application identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
2. Complete a separate application form for each record of death requested.
3. Complete the **Applicant Information** section on the first page of this form and provide your signature where indicated. Provide all the information you have available to identify the record of the registrant under **Decedent Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
4. **SWORN STATEMENT:**
  - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury, that they are eligible to receive the certified copy of the death record and identify their relationship to the registrant.
  - If the application is being submitted by mail, the Sworn Statement must be notarized by a Notary Public. (To identify a Notary Public, see your local yellow pages or call your banking institution.)
  - If the application is being submitted in person at the Office of Vital Records' public counter in Sacramento, the Sworn Statement **must be signed in person at the public counter and does not have to be notarized**.
  - A Sworn Statement does not need to be provided if you are requesting a Certified Informational Copy of the death record.
5. Submit the required fee for **each** certified copy requested. If no record of the death is found, the fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant. Indicate the number of certified copies you wish and include the correct fee(s) in the form of a personal check, postal or bank money order (International Money Order for out-of-country requests), made payable to the **Trinity County Recorder**. Mail this application with the proper fee(s) and a self addressed stamped envelope to the **Trinity County Recorder Vital Records**, P.O. Box 1215, Weaverville, CA 96093-1215

### 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 Office of Vital Records 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. The Certificate of Acknowledgment must be completed by a Notary Public.**

#### 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 \_\_\_\_\_ )  
                                                  ) ss  
County of \_\_\_\_\_ )

On \_\_\_\_\_, before me \_\_\_\_\_ 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 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