

APPLICATION FOR DEATH RECORD

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a death record.

- ◆ 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.
- ◆ Any funeral director or agent/employee of a funeral establishment acting within the scope of their employment 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.

If applying in person the application must be signed in the presence of the cashier.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS FOR AUTHORIZED COPIES MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY

I am requesting an **AUTHORIZED** copy

I am requesting an **INFORMATIONAL** copy

| | | | | |
|--|--------------------------------------|--|--|--|
| | NUMBER OF COPIES NUMERO DE COPIAS | | | FOR RECORDER USE ONLY |
| Month/Mes Day/Día Year/Año | | | | |
| Date of Death – Fecha De Defuncion | | | | |
| NAME OF DECEASED (first, middle, last) –NOMBRE DEL DIFUNTO (primero, segundo, apellido) | | | | File Number |
| CITY OF DEATH – CIUDAD DE DEFUNCION | | | | Searched _____ |
| RELATIONSHIP TO REGISTRANT (SEE ABOVE) – PARENTESCO CON LAS PERSONA REGISTRADA (VEÁSE ARRIBA) | | | | Doubled _____ |
| I _____ certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date _____ Signature _____ | | | | Veterans-See reverse side of first copy Veteranos-Vean el dorso de la segunda copia |

DL/ID _____

| | | |
|-------------------------------|--------------|-----------------|
| NAME/NOMBRE | | |
| STREET ADDRESS/NUMERO Y CALLE | | |
| CITY /CIUDAD | STATE/ESTADO | ZIP/ZONA POSTAL |

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF YOU ARE A VETERAN.

If you believe you qualify for a free certified copy under these provisions, complete the following affidavit.

I hereby apply for a free certified copy of the record as shown on the reverse side and declare under penalty of perjury that the free copy is to be furnished to

_____ in a claim for _____
FEDERAL OR STATE AGENCY TYPE OF BENEFIT

DATE SIGNATURE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP OF AGENT

NUMBER-STREET

CITY STATE ZIP

Note: The free copy issued on this affidavit will bear the following wording:

This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for veteran's benefits.