# APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

### PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

appli <b>Valid</b>	art of statewide efforts to prevent iden cation to receive certified copies of bir I Document to Establish Identity." se indicate the type of certified copy yo	th records. All others will be issue						
	I would like a <b>Certified Copy.</b> This copy the registrant. (To receive a Certified CYOUR RELATIONSHIP TO THE REGISTR below <b>AND COMPLETE THE ATTACHED</b> declaring that you are eligible to receive	Copy you MUST INDICATE  ANT by selecting from the list  D SWORN STATEMENT	printed with	a Certified Informational a legend on the face of the TIONAL, NOT A VALID DO tatement does not need	the documen	t that states, ESTABLISH IDENTITY."		
	Sworn Statement MUST BE NOTARIZE	<b>D</b> if the application is	(**************************************			,		
	submitted by mail unless you are a lav state governmental agency.)	v enforcement or local or	NO PERSONAL C	CHECKS				
Fee:	\$21 per copy (payable to	Mariposa County Recorder).	PLEASE SUBMIT	CASHIER CHECK, MON	NEY ORDER	or CASH		
_	(Mariposa County cannot be he							
	E: Both documents are certified cop atures, the documents contain the sa	<u>-</u>	n file with our offic	e. With the exception o	of the legend	d and redaction of		
To re	ceive a <b>Certified Copy</b> I am:							
	A parent or legal guardian of the regis	strant (person listed on the certific	cate) <b>(legal guardia</b> r	n must provide document	ation).			
	A party entitled to receive the record	as a result of a court order (pleas	e include a copy of t	the court order).				
	A member of a law enforcement ager (Companies representing a government)				ho is conduct	ing official business.		
	A child, grandparent, grandchild, brot	her or sister, spouse, or domestic	partner of the regis	trant.				
	An attorney representing the registra	•						
	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.)							
	Any agent or employee of a funeral e death certificate on behalf of an indiv							
APP	LICANT INFORMATION (PLEASE I	PRINT OR TYPE)	Today's Date:					
Agency Name (if appropriate)			Agency Case No.	Purpose of Request				
Print	Name of Applicant		Signature of Appli	cant				
Mail	ing Address – Number, Street		Amount Enclosed	– DO NOT SEND CASH	Number o	f Copies		
			\$Check	\$Money Order				
City			Name of Person R	eceiving Copies, if Differ	rent from Ap	pplicant		
State/Province ZIP Code			Mailing Address for Copies, if Different from Applicant					
Dayt	ime Telephone (include area code)	Country	City		State	ZIP Code		
(	)							
	EDENT INFORMATION (PLEASE PI	·	T		T_			
DECI	EDENT FIRST Name	MIDDLE Name	LAST Name		Sex			
						FemaleMale		
City of Death (must be in California) County of Death		County of Death	Date of Birth – N	MM/DD/CCYY	State of Birth			
Date of Death – MM/DD/CCYY (Or Period of Years to be Searched)			Social Security Number					
Mot	her/Parent BIRTH Name – (First, Mid	ldle, Last)	Name of Spouse	/Domestic Partner of De	ecedent (Firs	t, Middle, Last)		

DEATH

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### **INFORMATION:**

Death records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

The name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or naturalization. AKA's (Also Known As) and assumed names cannot be entered as the legal name on the birth record.

#### **INSTRUCTIONS:**

- 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. (Page 1 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 for each death record requested.
- 3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Decedent Information** section, provide all the information you have available to identify the death record. If the information you furnish is incomplete or inaccurate, we may not be able 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 (person listed on the certificate) the relationship must be one of those identified
  on Page 1.
- If the application is being submitted by mail, the Sworn Statement must be notarized by a Notary Public.

  (To find a Notary Public, see your local yellow pages or call your banking institution.) Law enforcement and local and state governmental agencies are exempt from the notary requirement.
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the death record.
- 5. Submit \$21 for each copy requested. If no death record is found, the \$21 fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a Cashier Check or cash or money order (International Money Order for out-of-country requests) made payable to MARIPOSA COUNTY RECORDER. (MARIPOSA COUNTY CANNOT BE HELD RESPONSIBLE FOR FEES PAID IN CASH THAT ARE LOST, MISDIRECTED, OR UNDELIVERED). Mail completed application with the fee(s) to the MARIPOSA COUNTY RECORDER at the address below.
- 6. Mailing Completed Certificates: completed certificates are mailed using the U.S. Postal Service.

Mariposa County Recorder P.O. Box 35 Mariposa, CA 95338 (209) 966-5719

# **SWORN STATEMENT**

that I am an authorized person,	, as defined in California Health and Sa	afety Code Section 103526 (c), and a	ım eligible to receive a
certified copy of the birth, deat	h, or marriage certificate of the follow	ving individual(s):	
		Applicant's Relationship	to Person Listed on Certificate
Name of Perso	on Listed on Certificate	(Must Be a Relationship I	Listed on Page 1 of Application)
(The remaining information must be	e completed in the presence of a Notary Pu	ıblic)	
Subscribed to this	(Day) day of, 20	, at(City)	, (State)
		V11	, ,
		( <b>Applicant's</b> Signat	
Acknowledgment below	order by mail, you must have you . The Certificate of Acknowledgm ental agencies are exempt from t	(Applicant's Signat ur Sworn Statement notarized u nent must be completed by a No	ure) sing the Certificate of
Acknowledgment below	. The Certificate of Acknowledgmental agencies are exempt from the CERTIFICATE OF A	(Applicant's Signation of the Completed by a Note that the notary requirement.)  CKNOWLEDGMENT	ure) sing the Certificate of
Acknowledgment below local and state governm	. The Certificate of Acknowledgmental agencies are exempt from the CERTIFICATE OF A  A notary public or other office verifies only the identity of the document to which this certification.	(Applicant's Signatur Sworn Statement notarized unent must be completed by a Notation he notary requirement.)  CKNOWLEDGMENT  er completing this certificate are individual who signed the icate is attached, and not the	ure) sing the Certificate of
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Acknowledgment below local and state governm  State of	A notary public or other office verifies only the identity of the document to which this certific truthfulness, accuracy, or a construction of the document to be the person(s) y executed the same in his/her/their and the agencies are exempt from the content of the officer).	(Applicant's Signatur Sworn Statement notarized unent must be completed by a Notahe notary requirement.)  CKNOWLEDGMENT  Ber completing this certificate lee individual who signed the icate is attached, and not the validity of that document.  The personally appeared	o the within instrument and
Acknowledgment below local and state governm  State of	A notary public or other office verifies only the identity of the document to which this certific truthfulness, accuracy, or	(Applicant's Signatur Sworn Statement notarized upent must be completed by a Notahe notary requirement.)  CKNOWLEDGMENT  The completing this certificate are individual who signed the icate is attached, and not the evalidity of that document.  The presonally appeared whose name(s) is/are subscribed to be authorized capacity(ies), and that by the individual executed the instrument.	o the within instrument and

SIGNATURE OF NOTARY PUBLIC VS 112 (01/12)