Madera County Public Health Department

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

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 Public Health Dept. 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.)

3. 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).

4. Complete the **APPLICANT INFORMATION** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Decedent Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.

5. Submit $21 for **each** certified copy request. If no record of death is found, the $21 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 money order or personal check, made payable to the Madera County Health Department. Mail this application and the fee(s) to:

   Madera County Health Department
   Office of Policy & Planning - Vital Statistics
   14215 Road 28
   Madera, CA 93638-5715

NOTICE: Orders received by mail must be accompanied by the attached sworn statement.
(See cover page for instructions).

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 a certified 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 a certified Informational Copy of the record identified on the application form. (You are not required to select from the list below).

I am:

☐ A parent or a 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 death 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.

APPLICANT INFORMATION (Please Print or Type)

Printed Name of Person Requesting Record	Signature	Date	Telephone Number
Address - Number, Street	City	State	Zip Code
Name of Person Receiving Copies (if different)	Number of Copies Requested _____	$21 each	Amount Due
Mailing Address for Copies (if different)	City	State	Zip Code

DECEDENT INFORMATION (Please Print or Type)

Name of Decedent - First Name	Name of Decedent - Middle Name	Name of Decedent - Last Name
Name of Spouse	Mother's Maiden Name	Social Security Number
Date of Death	Place of Death - City or Town	Place of Death - County
Date of Birth	Sex (Circle One): Male Female	

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, death, or marriage certificate 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 CDPH 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

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 _____)

County of _____)

On _____before me, _____, personally appeared _____,
(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 OF NOTARY PUBLIC