

DEATH RECORD Instructions / Acknowledgment

Instructions for completing application form on reverse side:

- 1. Use separate application form for each different certified record of a death.
- 2. Complete the Record and Applicant information sections, indicating if you want an *Authorized Certified copy* or an *Informational copy* of the record.
 - * NOTE: If the application information requested is incomplete or inaccurate, it may be impossible to locate the record.
- 3. Please read and sign the Sworn Statement ONLY if requesting an Authorized Certified copy.
- 4. If submitting request(s) by mail or by fax, the Sworn Statement <u>MUST</u> be signed in the presence of a Notary Public. NOTE: Law enforcement and local and state government agencies and funeral establishments are exempt from the notary requirement.
- 5. Submit the appropriate fee for each certified copy requested, along with \$1.00 for return postage or a Self-Addressed Stamped Envelope. If mailing application(s), please make all checks or money orders payable to YOLO COUNTY CLERK/RECORDER. For facsimile requests, please fax application and then call for instructions. If no record of the death is found, the fee will be retained for searching, as required by statue, and a Certificate of Search indicating no record was found will be mailed to you.

MAIL COMPLETED APPLICATION WITH FEE(S) TO:

Yolo County Clerk-Recorder/Vital Records Attn: Flora Alvarez, Chief Deputy Registrar 625 Court Street, B01 Woodland, CA 95776-1130

Office (530) 666-8130 • Fax (530) 666-8109 <u>www.yolorecorder.org</u>

CERTIFICATE OF ACKNOWLEDGMENT (for AUTHORIZED certified copies only, if mailed or faxed)

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,

Signature ______________________________(NOTARY SEAL)



For official use only: Certificate #:	
Gov't agency	Clerk initials

(Signature)

CERTIFIED COPY DEATH RECORD

Today's Date:		Number of copies requested:			
\$14.00 per copy					
Death Record Information:					
Name on					
CertificateFirst		Middle	Last		
Date of	Place of				
Death Month/Day/Year	Death	City	County	State	
Father's Name:First		Middle	Last		
Mother's Maiden Name:					
First		Middle	Last		
Mark Appropriate Boxes					
(See H&S Code 103526 below)					
Authorized CERTIFIED COPY of the record (Sworn statement required) INFORMATIONAL COPY of the record (Sworn statement not required)					
The California H&S Code 103526 , powho are not authorized by law will reconstruct."					
I am:					
☐ The registrant or 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, 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.					
☐ Any agent or employee of a funeral establishment acting within the scope of employment who orders certified copies of a death certificate on behalf of any individual specific in paragraphs (1) to (5), inclusive, of subdivision (a) of Family Code Section 7100 of the Health and Safety Code.					
Applicant Information:					
Name:	Name: Telephone Number: ()				
(Print Name of Funeral Home	e and Person Completing A	Application)	<u></u>		
Address:					
Number and	Street	City	State	Zip Code	
SWORN STATEMENT (Not required for an INFORMATIONAL COPY)					
l,	(Printed Name)	, c	declare under penalty of pe	erjury under the laws	
of the State of California, that I am an authorized person, as defined in California H&S Code 103526 (c), and am eligible to receive a certified copy of the death record of the above and/or attached individual(s):					
Sworn on /					

Note: If submitting your order by mail or facsimile, please read instructions carefully.

(Date and Place)