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 indentiy 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.** *Y:\RECORDERS OFFICE\FORMS_Recorder\VITAL Forms\Application for Death.doc*

( )	I would like a **CERTIFIED COPY** of the record identified on the application. *(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application by selecting from the list below). The SWORN STATEMENT must be notarized if the application is submitted by mail.*	( )	I would like a Certified **INFORMATIONAL COPY** of the record identified on the application.
√	**FEE OF $14.00 & Sworn Statement Attached**	( )	**CLERKS USE ONLY** Faxed to: Fax Number: ( )

To receive a certified copy, I am:

( ) **A parent or legal guardian** of the registrant. (person listed on 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.

( ) **A child**, grandparent, grandchild, sibling, spouse, or domestic partner of 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** who acts within the course and scope of his or her employment and who orders 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 and Signature of Person Requesting Record		Today's Date	Telephone Number ( ) -
Mailing Address	City	State	Zip
Person Receiving Copies, if Different from Above	No. of Copies	Amount $	Email Address

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent- LAST Name	FIRST Name	MIDDLE Name
City or Town of Death	County of Death	
Date of Death- Month, Day, Year (or period of years to be searched)		Social Security Number
Mother's Maiden Name	LAST name of Spouse	FIRST name of Spouse

YOUR DAYTIME CONTACT NUMBER: ( ) -

Mail Request & Payment to: Mono County Vital Records, Attn: Debra
P.O. Box 237, Bridgeport, California 93517

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws
(Printed Name)
of the State of California, 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

Sworn this _____ day of _____, 20_____, at _____.
(day) (Month) (City)

_____.
(State)

_____
(Signature of Requesting Party)

NOTE: IF YOU ARE SUBMITTING THIS REQUEST BY MAIL, YOU MUST HAVE YOUR SWORN STATEMENT NOTARIZED USING THE CERTIFICATE OF ACKNOWLEDGEMENT BELOW:

Certificate of Acknowledgement

State of _____, for the County of _____
On _____ before me, _____,
(Date) (Name/Title of Officer)
personally appeared _____,
Name(s) of Signer(s)

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 (NOTARY SEAL):

_____
Signature of Notary

Title or Type of Document
_____

Number of Pages (Including this Acknowledgement) _____
Date of Document: _____

CAPACITY CLAIMED BY SIGNER

- ☐ Individual
- ☐ Corporate Officer(s) Titles: _____
- ☐ Partner(s)
- ☐ Attorney-in-Fact
- ☐ Trustee(s)
- ☐ Subscribing Witness
- ☐ Guardian/Conservator
- ☐ Other_____

SIGNER IS REPRESENTING:
Name of Person(s) or Entity(ies)

_____
_____
_____