



MONO COUNTY 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 law (effective July 1, 2003) changed the way certified copies of death certificates are issued. Certified copies to establish the identity 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.

<input type="checkbox"/> I would like a CERTIFIED COPY of the record identified on this application. In order to receive a Certified Copy, you must indicate your relationship to the person named on the certificate by selecting from the list below. (Sworn Statement must be NOTARIZED if this application is submitted by mail.)	<input type="checkbox"/> I would like a Certified INFORMATIONAL COPY of the record identified on this application.
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To receive a certified copy, I am:

- 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.
- 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 stature 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/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 of Person Requesting Record	Phone Number	Daytime Contact #	Email address
Signature of Person Requesting Record	Today's Date	Person receiving copies, if not requestor	
Mailing Address	City	State	Zip

DECEDENT INFORMATION (Please print or type)

Name of Decedent -	First	Middle	Last
Social Security #	County of Death	Date of Death (or period of years to be searched)	
Spouse's Name -	First	Middle	Last
Mother's Maiden Name -	First	Middle	Last

INSTRUCTIONS

Number of Copies Requested. Send fee of **\$21** for each. Number of Copies ___ X \$21.00 = _____ Total \$ Sent

Send Sworn Statement. It must be notarized if application is mailed.

Mail Request and Payment to:

Mono County Vital Records
Attn: Debra
PO Box 237
Bridgeport, CA 93517

CLERKS USE ONLY	
Date copies mailed	_____
Certificates used	_____
Record Number	_____



MONO COUNTY SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws 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(s) Listed on Certificate	Relationship to Person(s) Listed on Certificate

Sworn this _____ day of _____ at _____
(Day) (Month) (Year) (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):

Capacity Claimed by Signer
<input type="checkbox"/> Individual
<input type="checkbox"/> Corporate Officer(s) Titles: _____
<input type="checkbox"/> Partner(s)
<input type="checkbox"/> Attorney-in-Fact
<input type="checkbox"/> Trustee
<input type="checkbox"/> Subscribing Witness
<input type="checkbox"/> Guardian/Conservator
<input type="checkbox"/> Other: _____
SIGNER IS REPRESENTING: Name of Person(s) or Entity(ies) _____ _____

Signature of Notary

Title or Type of Document _____
No. of Pages (Including this Acknowledgement) _____

Date of Document _____