

**MONTEREY COUNTY AUTHORIZED DEATH RECORD ONLY  
IN-PERSON APPLICATION FOR AUTHORIZED CERTIFIED COPY  
OF A DEATH RECORD**

***PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING***

<b>1</b>	<p><b>Death Certificate Information:</b> <span style="float:right"><b>Number of copies requested</b> _____</span></p> <p>Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Date of Death: _____ City of Death: _____  <span style="margin-left: 100px;">Month, Day, Year</span></p> <p>Father's Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Mother's Maiden Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p>
<b>2</b>	<p><b>Applicant Information: INFORMATION OF PERSON ORDERING COPY</b></p> <p>Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Address: _____  <span style="margin-left: 100px;">Number and Street</span> <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip Code</span></p> <p>Mailing Address: _____          If different than above <span style="margin-left: 100px;">Number and Street</span> <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip Code</span></p> <p>Telephone Number Including Area Code: (____) _____</p>
<b>3</b>	<p>To obtain an authorized certified copy you must check the appropriate box below:</p> <p><b>I am:</b></p> <p><input type="checkbox"/> The parent or legal guardian of the registrant <span style="margin-left: 100px;"><input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant</span></p> <p><input type="checkbox"/> A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.</p> <p><input type="checkbox"/> 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</p> <p><input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business</p> <p><input type="checkbox"/> 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 any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) Section 7100.</p>
<b>4</b>	<p>I, _____ swear under penalty of perjury that I am an authorized person, as  <span style="margin-left: 100px;">Printed Name</span></p> <p>defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the death record identified on this application form.</p> <p>Sworn this _____ day of _____, 20__, at Salinas, California.</p> <p>Signature: _____</p> <hr/> <p><b>Office use only:</b> Reel/Image _____ Certificate # _____</p> <p>Paper # _____ Cashiered by _____ Copy made by _____</p>

**MONTEREY COUNTY AUTHORIZED DEATHS ONLY**  
**INSTRUCTIONS TO COMPLETE IN-PERSON APPLICATION FOR AUTHORIZED**  
**CERTIFIED COPY OF A DEATH RECORD**

<b>1</b>	<p><b>Death Certificate Information:</b> Print or type number of copies requested. Print or type name of decedent. Print or type date of death. Print or type city of death. Print or type father's name. Print or type mother's maiden name.</p> <p><b>Please Note:</b> If the death occurred in another County, Monterey County will not have a death record. For deaths that occurred in another County, you must write that County to request a death certificate.</p>
<b>2</b>	<p><b>Applicant Information:</b> Print or type name of person ordering copy. Print or type address of person ordering copy. Print or type mailing address of person ordering copy, if different then address above. Print or type telephone number of person ordering copy, including area code.</p>
<b>3</b>	<p>Section 103526 of the California Health and Safety Code restricts who is authorized to obtain an authorized certified copy of a death record. You must be one of the authorized persons described in one of the six qualifying statements in Section 3 of the application. Please check the box that authorizes you to obtain an authorized certified copy of a death record.</p>
<b>4</b>	<p>Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a death record to complete and sign the sworn statement in Section Four, on the front, of this application. Please print your name in the space provided, and complete the sworn statement with your signature and the date and location (city and state) where the statement is signed.</p>

Certified copy of Death Certificate fee:  
\$12.00 Each