

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 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.

Fees: \$21 per copy (if mailing please make check payable to Monterey County Health Dept.)

Please indicate the type of certified copy you are requesting:

- | | |
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| <input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you must indicate your relationship to the registrant by selecting from the list below AND complete the attached Sworn Statement declaring that you are eligible to receive the Certified Copy. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail.) | <input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, " INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY ". (A sworn statement does not need to be provided.) |
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

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. (*Companies representing a government agency must provide authorization from the government agency.*)
- 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. (*If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.*)
- An 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) of Section 7100.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name and Signature of Person Completing Application		Today's Date	Telephone Number – Area Code First ()	
Address – Number, Street		City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above		No. of Copies	Amount Enclosed	Purpose of Request
Mailing Address for Copies, if Different From Above		City	State	ZIP Code

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent – First (Given)		Middle	Last (Family)		Sex
Place of Death – City or Town	Place of Death – County		Place of Birth	Date of Birth	
Date of Death – Month, Day, Year (Or Period of Years to be Searched)			Social Security Number		
Mother's Maiden Name			Name of Spouse (Husband or Wife of Decedent)		

SWORN STATEMENT

(*Required for certified copy of record. This sworn statement is not required when requesting an Informational certified copy which is not valid to establish identity)

***Any member of a law enforcement agency or a representative of a state or local government agency, as provided by law, who orders a copy of a record to which subdivision (a) applies in conducting official business is required to complete the Sworn Statement, however, they may not be required to have their signature on the Sworn Statement acknowledged by a Notary Public.**

I, _____, declare under penalty of perjury under the laws of the State of California,
(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 death record of the following individual(s):

Name of the Person Listed on the Death Certificate	Your Relationship to the Person Listed on the Death Certificate

(The remaining information must be completed in the presence of a Notary Public or County Clerk staff.)

Subscribed to this _____ day of _____, 20____, at _____,
(Day) (Month) (City) (State)

(Signature of person requesting certified copy)

Note: If submitting your order by mail or fax, you must have your signature on the Sworn Statement acknowledged by a Notary Public using the Certificate of Acknowledgment below. If submitting your order in person, you must sign this in the presence of County Clerk staff.
