

**APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**

PLEASE READ THE INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THIS APPLICATION

California law (Health and Safety Code Section 103526), permits only authorized individuals as listed on the application to receive certified copies of death records. Those who are not authorized by law to receive an authorized certified copy will receive a certified informational copy with the legend, **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

**Please indicate the type of certified copy you are requesting:**

- I am requesting a **Certified AUTHORIZED** copy  I am requesting a **Certified INFORMATIONAL** copy

**NOTE: Both documents are certified copies of the original document on file with the Alpine County Recorder – Vital Records . With the exception of the legend and redaction of signatures and Social Security Number, the documents contain the same information.**

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** below. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy. The Sworn Statement **MUST BE NOTARIZED** unless you are a member of a law enforcement agency or representative of a state or local government agency, an agent or employee of a funeral establishment.

**RELATIONSHIP:**

- Child/Sibling of Registrant(or a relative described in HSC §7100 (a)(1)-(8))  Spouse/Registered Domestic Partner of Registrant  
 Grandparent/Grandchild of Registrant  Attorney Representing Registrant or Registrant’s Estate  
 Authorized by Court Order (Include copy of the court order.)  Law Enforcement/Govt. Agency (Conducting Official Business)  
 Parent/Legal Guardian of Registrant (Must provide documentation.)  Surviving Next of Kin (specified in HSC §7100)  
 An Agent or Employee of a Funeral Establishment (Acting within the scope of employment and on behalf of persons specified in HSC §7100 (a)(1)-(8))  
 Power of Attorney/Executor of the Registrant’s Estate (Include a copy of the power of attorney or documentation identifying you as executor.)

**APPLICANT INFORMATION (PRINT OR TYPE) Today’s Date:**

Agency Name (If Applicable)		Agency Case Number	Inmate ID Number	
Name of Person Completing Application		Signature of Applicant	Purpose of Request	<input type="checkbox"/> Check this box for CNPR
Mailing Address – Number, Street, and Unit # (if applicable)		Amount Enclosed – <b>DO NOT SEND CASH</b> \$ _____ Check \$ _____ Money Order		Number of Copies
City		Name of Person Receiving Copies if Different from Applicant		
State/Province	ZIP Code	Country	Mailing Address for Copies if Different from Applicant	
Daytime Telephone Number (    )	Email Address		City	State                      ZIP Code

**DEATH RECORD INFORMATION (PRINT OR TYPE)**  
*Complete the information below as shown on the death record, to the best of your knowledge.*

<b>Name of Decedent – FIRST</b>	<b>MIDDLE</b>	<b>LAST</b>	
City of Death (must be in California)	County of Death	Date of Birth – MM/DD/YYYY	State of Birth
Date of Death – MM/DD/YYYY (If unknown, enter approximate date)		Social Security Number	
Mother/Parent Name (First, Middle, Last)		Name of Spouse/Domestic Partner of Decedent (First, Middle, Last)	

**FEE: \$24 PER COPY (ALPINE COUNTY RECORDER)**

Check/Money Order Enclosed  Submit Check or Money Order – Do Not Send Cash  
 Notarized Sworn Statement Enclosed (if applicable)

# SWORN STATEMENT

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
(Applicant's 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 birth, death, or marriage certificate of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Applicant's Signature)

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

## CERTIFICATE OF ACKNOWLEDGMENT

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(insert name and title of the officer)

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.  
(SEAL)

\_\_\_\_\_  
SIGNATURE

**INFORMATION:** Death records have been maintained in the Office of the State Registrar of Vital Records since July 1, 1905.

*The "Birth" name required on Vital Records (see Items 1C, 6C, 7C, 9C and 12C) is the name given at birth, or a name received through adoption, court ordered name change, or Naturalization. AKA's (Also Known As) and assumed names cannot be entered as the legal "Birth" name.*

**INSTRUCTIONS:**

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
2. Complete a separate application for each death record requested.
3. Complete the **Applicant Information** section on Page I and provide your signature where indicated. In the **Decedent Information** section, provide all the information you have available to identify the death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **SWORN STATEMENT:**
  - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the death record, and identify their relationship to the registrant (person listed on the certificate)- the relationship must be one of those identified on Page 1.
  - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
  - You do not have to provide a Sworn Statement if you request a "Certified Informational Copy" of the death record.
5. Submit \$24 for each copy requested. If no death record is found, the \$24 fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to the **Alpine County Recorder**. Mail this application with the fee(s) and a return self-addressed stamped envelope, to the **Alpine County Recorder** at the address below.
6. **Returning Completed Certificates: Completed certificates are returned using the U.S. Postal Service. Mail this application with the fee(s) and a return self-addressed stamped envelope to:**

**Alpine County Recorder**  
**P.O. Box 155 or 99 Water St (overnight delivery)**  
**Markleeville, CA 96120**  
**(530) 694-2283**