



WRITTEN APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A DEATH RECORD

\$25.00 general public or \$21.00 government agencies only.

Please review the instructions on the back before completing

If the record requested is not located the fee is still retained by the agency pursuant to Health and Safety Code § 103650

1	<p>Death Certificate Information Number of copies requested _____</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> Date of Death: _____ City of Death: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Month Day Year </div> Father's Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> Mother's Maiden Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> </p>								
2	<p>Applicant Information</p> <p>Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First Middle Last </div> Address _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Number and Street City State Zip Code </div> Mailing Address: _____ <small>(If different from above)</small> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Number and Street City State Zip Code </div> Telephone Number: (with area code) () _____</p>								
3	<p>To obtain an Unrestricted Certified Copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies and check the appropriate box below.</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 25%;">103526(c)(2)(A)</td> <td style="width: 25%;">103526(c)(2)(B)</td> <td style="width: 25%;">103526(c)(2)(C)</td> <td style="width: 25%;">103526(c)(2)(D)</td> </tr> <tr> <td>103526(c)(2)(E)</td> <td>103526(c)(2)(F)</td> <td>103526(c)(2)(G)</td> <td>103526(b)(1)(info copy)</td> </tr> </table>	103526(c)(2)(A)	103526(c)(2)(B)	103526(c)(2)(C)	103526(c)(2)(D)	103526(c)(2)(E)	103526(c)(2)(F)	103526(c)(2)(G)	103526(b)(1)(info copy)
103526(c)(2)(A)	103526(c)(2)(B)	103526(c)(2)(C)	103526(c)(2)(D)						
103526(c)(2)(E)	103526(c)(2)(F)	103526(c)(2)(G)	103526(b)(1)(info copy)						
4	<p>I (printed name) _____ swear under penalty of perjury 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 identified on this application form. Sworn this _____ day of _____, _____, at _____ (City) Signature: _____</p>								
5	<p>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.</p> <p>Certificate of Acknowledgment State of _____ County of _____</p> <p>On _____ before me, _____ Notary public, personally appeared _____, 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.</p> <p>Signature _____ (seal)</p>								
<p>Office use only: Payment Type _____ Receipt # _____ Banknote# _____ Clerk Initials _____</p>									

INSTRUCTIONS TO COMPLETE WRITTEN APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A DEATH RECORD

1	<p>Death Certificate Information:</p> <p>Print or type number of copies requested</p> <p>Print or type name of registrant</p> <p>Print or type date of death</p> <p>Print or type city of death</p> <p>Print or type father's name</p> <p>Print or type mother's maiden name</p>
2	<p>Applicant Information:</p> <p>Print or type name of person ordering copy</p> <p>Print or type address of person ordering copy</p> <p>Print or type mailing address of person ordering copy, if different than address above</p> <p>Print or type telephone number of person ordering copy, including area code</p>
3	<p>Using the list below, check the box next to the code section in item 3 on the front of this application that authorizes you to obtain an unrestricted certified copy of a death record:</p> <p>103526 (c)(2)(A) The registrant or a parent or legal guardian of the registrant</p> <p>103526 (c)(2)(B) 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>103526 (c)(2)(C) 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>103526 (c)(2)(D) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.</p> <p>103526 (c)(2)(E) 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>103526 (c)(2)(F) Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) or Section 7100 of the Health and Safety Code.</p> <p>103526 (C)(2)(G) An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100. Agent under power of attorney for health care, competent surviving spouse/adult child/parent/adult sibling/adult person respectively in the degrees of kinship, conservator.</p> <p>103526 (b)(1) If the person requesting a certified copy of a birth, death, or non-confidential marriage record is not an authorized person or is an authorized person who is otherwise unable to satisfy the requirements of subdivision (a), the certified copy provided to the applicant shall be an informational certified copy and shall display a legend that states "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"</p>
4	<p>DO NOT COMPLETE THIS PART UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGMENT IN ITEM 5.</p> <p>If requesting a copy in person, notarization is not necessary. Please complete the Sworn Statement and present it to the Customer Service Representative. Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a death record to complete and sign a sworn statement under penalty of perjury.</p>
5	<p>Certificate of Acknowledgment</p> <p>Complete items 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in item 4 in front of the notary public. Request the notary acknowledge your signature in the sworn statement in item 4. Mail the original application with the appropriate fee (\$25.00 general public or \$21.00 government agencies only).</p> <p>To: Contra Costa County Recorder P.O. Box 350 Martinez, CA 94553</p>