

Applicant (Person or Agency requesting certified copy) Information & Mailing Address:

Print or type your complete name and address

NOTE: This box is used as a mailing label for your copies.

Phone Number:

Print or type your complete telephone number including area code

Applicant Information: Person or Agency requesting Certified Copies

Please place a check in the appropriate box describing your relationship to the person named on the certificate

The California Health and Safety code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. If you are not an authorized person, we will send an informational copy only. This will state "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

Per the Health and Safety code, section 7100:

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) of section 7100 of the Health & Safety Code.

Per the Health and Safety code, section 103526 (c) the following are authorized persons to purchase a certified copy of a death certificate:

- A parent or legal guardian of the registrant
- A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant
- 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
- 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

103526(b) Other; Any person or agency not authorized per the above will receive an informational copy

Death Certificate Information:

Print or type number of copies requested (*each copy is \$12.00*)

Print or type name of person on the certificate

Print or type date of death

Print or type city of death

Print or type mother's maiden name

Statement of Declaration

DO NOT COMPLETE THIS PORTION UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a death record to complete and sign a statement of declaration under penalty of perjury.

Certificate of Acknowledgement

Complete entire application then take to a notary public. Complete and sign the statement of declaration in front of the notary public. Request the notary acknowledge your signature in the statement of declaration. Mail ALL copies of the application form and appropriate fees with check or money order payable to:

Sacramento County Vital Records
7001 East Parkway, Suite 650
Sacramento, CA 95823

Information line:
(916) 875-5345

Sacramento County does not hold pending orders; Sacramento County does not verify amended orders. All orders will be processed per Health and Safety code 103625 and 103650.

Sacramento County Vital Records is not responsible for lost, stolen or misdirected mail.