

**FUNERAL DIRECTOR'S APPLICATION FOR AUTHORIZED  
CERTIFIED COPY OF A DEATH RECORD**  
*PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING*


THIS BOX IS USED AS A MAILING LABEL FOR YOUR COPIES

Received by:  X _____  Date: _____
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<b>1</b>	<p><b>Death Certificate Information:</b> <span style="float: right;"><b>Number of copies requested:</b> _____ <small>(\$13.00 each)</small></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>
<b>2</b>	<p><b>Applicant Information:</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: 100px;">Zip Code</span></p> <p>Funeral Establishment: _____  <span style="margin-left: 100px;">Name</span> <span style="margin-left: 150px;">License #</span></p>
<b>3</b>	<p>To obtain an authorized certified copy you must check the box below.</p> <p><b>I am:</b></p> <p><input type="checkbox"/> A funeral director ordering 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 and Safety Code.</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 an authorized certified copy of the death record identified on this application form.</p> <p>Sworn this ____ day of _____, _____, at _____ Sacramento, CA _____</p> <p>Signature: _____</p> <p><b>Office use only:</b></p> <p style="text-align: center;">Local File # _____ Banknote Paper # _____ Deputy _____</p> <p style="text-align: center;">Date Issued _____ Search Letter _____</p>

**INSTRUCTIONS TO COMPLETE FUNERAL DIRECTOR'S APPLICATION FOR  
AUTHORIZED CERTIFIED COPY OF A DEATH RECORD**

Telephone Number (optional)

<b>1</b>	<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
<b>2</b>	<b>Applicant Information:</b>  Print or type name of person ordering copy Print or type address of person ordering copy Print or type name and license number of your funeral establishment  Complete the mailing address in the box at the top  At the top of this page, print or type the telephone number above (optional)
<b>3</b>	If you are a funeral director ordering certified copies under Section 7100 of the Health and Safety Code, please check the box in Section 3 indicating that you are obtaining an authorized certified copy of a death record.
<b>4</b>	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 item 4 on the front of this application. Please print your name in the space provided, and complete the space for the date for when you will complete and sign the statement, and then sign the statement.  NOTE: When ordering by mail, send ALL copies of original application and appropriate fees with check or money order payable to:  Sacramento County Vital Records 7001 East Parkway, Suite 650 Sacramento, CA 95823 (916) 875-5345  <b>Sacramento County does not hold pending orders, nor does Sacramento County verify amended orders. All orders will be processed per Health and Safety Code 103625 and 103650.</b>