

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

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.”**

Fees: \$24.00 per copy (payable to the Butte County Clerk-Recorder).

Please indicate the type of certified copy you are requesting:

<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. The Sworn Statement must be notarized if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)	<input type="checkbox"/> I would like a Certified Informational Copy . This copy 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.)
---	---

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).
- Party entitled to receive the record as a result of a court order.
- 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.*)
- 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 an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.
- Surviving next of kin, or conservator of the person or estate (as specified in H.S. Code 7100(a)(6-8))

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 – Last		First	Middle	Sex
City of Death	County of Death	Date of Birth – MM/DD/CCYY	State of Birth	
Date of Death – MM/DD/CCYY (Or Period of Years to be Searched)			Social Security Number	
Mother's Maiden Name		Name of Spouse – Husband or Wife of Decedent (Last , First, Middle)		

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Applicants 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 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 Butte County Clerk-Recorder staff.)

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

(Applicants Signature)

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

CERTIFICATE OF ACKNOWLEDGMENT

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,

State of _____)
County of _____) ss

On _____, before me, _____ personally appeared _____,
(here 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

Butte County Clerk-Recorder
155 Nelson Avenue, Oroville, CA 95965
(530) 552-3400 Telephone
(530) 538-7975 Facsimile
clerk-recorder.buttecounty.net