

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

PLEASE READ THE INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of birth records. All others will be issued Certified Informational Copies marked with the legend, "Informational, Not A Valid Document to Establish Identity."

Please indicate the type of certified copy you are requesting:

Two columns of checkboxes for 'Certified Copy' and 'Certified Informational Copy'. Includes instructions and a 'NO PERSONAL CHECKS' label.

Fee: \$21 per copy (payable to Mariposa County Recorder). PLEASE SUBMIT CASHIER CHECK, MONEY ORDER or CASH (Mariposa County cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures, the documents contain the same information.

To receive a Certified Copy I am: List of eligibility criteria with checkboxes, including parent, court order, law enforcement, child, attorney, and funeral establishment.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE) Today's Date:

Form for applicant information including Agency Name, Print Name, Mailing Address, City, State/Province, ZIP Code, Daytime Telephone, and Name of Person Receiving Copies.

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Form for decedent information including DECEDENT FIRST, MIDDLE, LAST Name, Sex, City of Death, County of Death, Date of Birth, State of Birth, Date of Death, Social Security Number, and Mother/Parent BIRTH Name.

## INFORMATION:

Death records have been maintained in the California Department of Public Health Vital Records since July 1, 1905.

*The 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 name on the birth record.*

## 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 1 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 are requesting a Certified Informational Copy of the death record.
5. Submit \$21 for **each** copy requested. If no death record is found, the \$21 fee will be retained for searching for the record (as required by law) and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a Cashier Check or cash or money order (International Money Order for out-of-country requests) made payable to MARIPOSA COUNTY RECORDER. (**MARIPOSA COUNTY CANNOT BE HELD RESPONSIBLE FOR FEES PAID IN CASH THAT ARE LOST, MISDIRECTED, OR UNDELIVERED**). Mail completed application with the fee(s) to the MARIPOSA COUNTY RECORDER at the address below.
6. **Mailing Completed Certificates:** completed certificates are mailed using the U.S. Postal Service.

Mariposa County Recorder  
P.O. Box 35  
Mariposa, CA 95338  
(209) 966-5719

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## DEATH

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**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..)*

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 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, or validity of that document.

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 OF NOTARY PUBLIC