

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

DO NOT Complete This Application Before Reading the Instructions on Page 3

California Law (Health and Safety Code Section (HSC) § 103526 and 7100), 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.

Fee: \$26 per copy (payable to the Yuba County Clerk).

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 government agency.)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the documents that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." <div style="text-align: center;">(A Sworn Statement does not need to be provided.)</div>
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NOTE: Both documents are certified copies of the original document on file with the Yuba County Clerk; however the informational copy contains an overlay indicating the document may not be used to establish identity.

To receive a Certified Copy I am:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> A parent or legal guardian of the registrant | <input type="checkbox"/> A spouse, or registered domestic partner of the registrant |
| <input type="checkbox"/> A Grandparent or Grandchild of registrant | <input type="checkbox"/> Authorized by a court order (provide copy of court order) |
| <input type="checkbox"/> A child or sibling (brother/sister) of registrant | <input type="checkbox"/> Attorney representing registrant or registrant's estate |
| <input type="checkbox"/> Surviving next of kin or conservator as specified in HSC § 7100 (a)(1)-(8) | |
| <input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. NOTE: In addition to the application, the request must include a signed letter on letterhead identifying the record requested and stating it will be for government use only. (Companies representing a government agency must provide authorization from the government agency.) | |
| <input type="checkbox"/> An agent or employee of a Funeral Establishment (acting within the scope of employment <u>and</u> on behalf of persons specified in HSC § 7100 (a)(1)-(8)) | |
| <input type="checkbox"/> Power of Attorney/Executor of registrant's estate (provide copy of power of attorney or documentation identifying you as executor) | |

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Today's Date: _____

Printed Name and Signature of Person Completing Application		Purpose of Request	Area Code and Telephone ()
Mailing Address – Number, Street	City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above	Number of Copies		Amount Enclosed
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	
MAIDEN Name– Mother/Parent	FIRST Name on Certificate – Mother/Parent	MIDDLE Name on Certificate – Mother/Parent		

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 Sections 103526 and 7100, and am eligible to receive
 a certified copy of the birth or death record of the following individuals.

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 Yuba County Clerk staff.)

Subscribed to this _____ day of _____, 20_____, at _____,
(CITY) (STATE)

 Applicant's Signature

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

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, _____ Notary Public
 (insert name and title of the officer)

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.

Signature _____ (SEAL)

INSTRUCTIONS:

1. **ONLY** individuals who are authorized by Health and Safety Code Section 103526 and 7100 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 –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. **PAYMENT:**
 - Submit \$26.00 for **each** copy requested.
 - If no death record is found, the \$26.00 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 check or money order made payable to the Yuba County Clerk. Mail this application with the fee(s) to the **Yuba County Clerk** at the address below.
6. **Return Mail Option:** Completed certificates are returned using the U.S. Postal Service. If you prefer priority return mail service, the following option is available.

Prepaid Envelope: You can include a self-addressed **prepaid** envelope from a priority mail courier (e.g., Fed Ex, UPS, U.S. Postal Express Overnight, etc.). (Most couriers do not deliver to a post office box.) If you choose this option include a separate return envelope for each application. Be sure to mail us the courier envelope as well as the mailing label. Fill in all information on the mailing label (include **your** name and address as the receiver **and shipper**). Write down the mailing label tracking number for your file – you'll need this tracking number if it's necessary to track the delivery through the mail courier. **Please do not include stamped #10 (standard size) mailing envelopes for us to return the certified copy in.**

The priority mail service applies **only to the return mail service**. It does not expedite our internal processing time.

Yuba County Clerk
915 8th Street, Suite 107
Marysville, CA 95901
(530) 749-7851