### APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

### PLEASE READ THE INSTRUCTIONS ON PAGE 3 BEFORE COMPLETING THIS APPLICATION

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." Please indicate the type of certified copy you are requesting: ☐ I am requesting a Certified **AUTHORIZED** copy ☐ I am requesting a Certified **INFORMATIONAL** copy NOTE: Both documents are certified copies of the original document on file with the Contra Costa County Vital Registration Office, except for the legend and redaction of signatures and Social Security Number, the documents contain the same information. To receive an AUTHORIZED copy, you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT below. To receive a certified copy, the applicant must sign a sworn statement that he or she is authorized to receive the certified copy. The Sworn Statement MUST BE NOTARIZED unless you are a member of a law enforcement agency or representative of a state or local government agency. Check the box that indicates your RELATIONSHIP to the deceased: ☐ Spouse/Domestic Partner of Registrant ☐ Child / Sibling of Registrant ☐ Grandparent/Grandchild of Registrant ☐ Parent/Legal Guardian of Registrant (LG must provide documentation.) ☐ Surviving Next of Kin of Registrant (As specified in HSC§ 7100) ☐ Attorney representing registrant or registrant's estate. ☐ Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney or documentation identifying you as executor.) ☐ Law enforcement agency/or representative of other Govt Agency, as provided by law, who is conducting official business) \$24 Companies representing a government agency must provide authorization from the government agency to qualify. APPLICANT INFORMATION (Your Info) - Clearly Print Today's Date: Phone: Email: (In case we have a question about your order) Name of Person Requesting Record: Mailing Address: Number, Street & Apt# City: State: Zip Code: **DEATH RECORD INFORMATION (Clearly Print) FIRST Name MIDDLE Name LAST Name** Date of Death: MM/DD/YY Mother's Maiden Name / AKA??? City of Death County of Death **CONTRA COSTA** FEE: \$28.00 PER COPY (PAYABLE TO VITAL REGISTRATION) Submit Check or Money Order – Do Not Send Cash Quantity: x \$28.00 = Total□ Notarized Sworn Statement Enclosed □ Check/Money Order Enclosed Mail Orders: In Person Only: □ Cash □ Check □ Credit/Debit Card + \$2.50 Processing Fee VITAL REGISTRATION OFFICE USE ONLY Date Processed ID Type ID# Banknote Serial # Staff Initial LFN

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# APPLICATION FOR CERTIFIED COPY OF DEATH RECORD SWORN STATEMENT

| l,  | , declare under penalty of perjury under the laws of the State of |                  |   |  |                      |                            |  |
|---|---|------------------|---|--|----------------------|----------------------------|--|
| (Applicant's Printed I                        |   |                  |   |  |                      |                            |  |
| California, that I am an au                   |   |                  |   |  | fety Code 103526     | o(c), and am eligible      |  |
| to receive a certified copy                   | of the death  | certificate      | e of the follow                         | ing individual(s):                                       |                      |                            |  |
| Name of Deceased Person Listed on Certificate |   |                  |   | Annlicent/s Dels   | tianahin ta Dawa     | on Linkad on Contificate   |  |
|   |   |                  |   | Applicant's Relationship to Person Listed on Certificate |                      |                            |  |
| (The remaining informa                        | ition must be   | complete         | d in the prese                          | ence of a Notary P                                       | ublic or Vital Reg   | jistration staff.)         |  |
| Subscribed to this                            | day of  |                  | , 20                                    | at   |                      |                            |  |
| Subscribed to this(Day)                       |   | (Month)          | (Year)                                  | (City)   |                      | (State)                    |  |
|   |   |                  |   |  |                      |                            |  |
|   |   |                  |   |  | (Applicant's         | ,                          |  |
| Note: If submitting your                      | •   | _                | •                                       | •  |                      | _                          |  |
| Acknowledgment below.                         |   |                  |   |  |                      |                            |  |
| and local and state gover                     | rnmental age  | ncies are e      | exempt from                             | the notary require                                       | ement.) Only one     | sworn statement is         |  |
| required for multiple reco                    | ords. If you a  | re submitti      | ing in person                           | you only need val  | id government IL     | ), no notary.              |  |
|   | •••••   |                  | • |  | •••••                |                            |  |
|   |   | CERTIEI          | CATE OF AC                              | (NOWLEDGMEN <sup>-</sup>                                 | Т                    |                            |  |
|   | A notary pu   |                  |   | ng this certificate verif                                |                      | ٦                          |  |
|   |   |                  |   | nent, to which this cert                                 |                      |                            |  |
|   | an  | d not the tru    | thfulness, accur                        | acy, or validity of that                                 | document.            |                            |  |
| State of)                                     |   |                  |   |  |                      |                            |  |
| County of                                     | )   |                  |   |  |                      |                            |  |
|   |   |                  |   |  |                      |                            |  |
| Onbefore me,                                  |   | 1                | · · ·                                   |  |                      |                            |  |
| (Date)  | (Insert name an   | d title of the o | fficer)                                 |  |                      |                            |  |
| Personally appeared                           |   |                  |   | who pro  | ved to me on the b   | pasis of satisfactory      |  |
| evidence to be the person(s)                  | whose name(s  | s) is/are sub    | scribed to the                          | within instrument a                                      | nd acknowledged t    | to me that he/she/they     |  |
| executed the same in his/her                  | /their authoriz   | ed capacity      | (ies), and that                         | by his/her/their sigr                                    | nature(s) on the ins | strument the person(s), or |  |
| the entity upon behalf of whi                 | ch the person(  | s) acted, ex     | ecuted the ins                          | trument. I certify un                                    | der PENALTY OF PE    | ERJURY under the laws of   |  |
| the State of California that th               | e foregoing pa  | ragraph is t     | rue and correc                          | t  |                      |                            |  |
| WITNESS my hand and official sea              |   |                  |   |  |                      |                            |  |
|   |   |                  |   | (SEAL)   |                      |                            |  |
| SIGNATURE OF NOTARY PUB                       | BLIC  |                  |   |  |                      |                            |  |

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# APPLICATION FOR CERTIFIED COPY OF DEATH RECORD HOW TO OBTAIN A DEATH CERTIFICATE

This application form may ONLY be used to obtain death certificates that occurred in Contra Costa County in 2023 or 2024. For deaths prior to 2023 you must contact the Clerk-Recorder's Office at 925-335-7900 located at 555 Escobar Street, Martinez, CA 94553.

#### Instructions:

- 1. 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 the Applicant Information section on Page 1. In the Death Record 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, in which case the fee will be retained for the search and you will be issued a Certificate of No Public Record. Fees are non-refundable per state law.

#### 3. 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 that is identified on Page 1.
- If the application is being submitted by mail or online, the Sworn Statement must be notarized by a Notary Public. To find a Notary Public, see your local yellow pages or contact your bank or UPS store. Law enforcement and local and state governmental agencies are exempt from the notary requirement.
- A Sworn Statement notarized by a foreign notary must have an apostille attached. Foreign notarizations obtained from an Ambassador, Minister, Consul, Vice Consul or Consular Agent of the United States, or from a Judge of Court of record having a seal in a foreign country do not require an apostille.
- You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the death record.
- 3. Submit **\$28** for each copy requested. If no death record is found, the 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 fees in the form of a personal check or postal/bank money order (International Money Order for out-of-country requests) made payable to Vital Registration. Checks must be pre-printed with the purchaser's name. No out of state checks will be accepted. DO NOT SEND CASH. (VR cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered.)

## You may obtain a death certificate one of three ways:

- **1) Online:** Go to <u>www.vitalchek.com</u>. You can submit your order and pay online. You will need to upload the sworn statement after you have it notarized. You may also request expedited UPS shipping online.
- 2) By Mail: Complete the application, have it notarized and mail it to our office with payment.
- 3) In Person: Complete the application & bring it to our office with valid government Identification and payment. If the certificate has already been received & registered, you will receive it immediately. If it has not been submitted & registered yet, we will mail it to you as soon as it is available.

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