

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 death 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:

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.)

I would like a Certified Informational Copy. This document 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 and redaction of signatures, the documents contain the same information.

Fee: **\$21 per copy** (payable to CDPH Vital Records). PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH (CDPH cannot be held responsible for fees paid in cash that are lost, misdirected, or undelivered).

To receive a Certified Copy I am:

- A parent or legal guardian of the registrant (person listed on the certificate). (Legal guardian must provide documentation.)
- A party entitled to receive the record as a result of a court order. (Please include a copy of the court order.)
- A 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.)
- A child, grandparent, grandchild, brother or sister, 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.
- Any 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.
- Appointed rights in a power of attorney, or an executor of the registrant's estate. (Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)

PLEASE ATTACH CHECK HERE

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Today's Date: *2/28/2015*

Agency Name (if applicable)		Agency Case Number	Inmate ID Number	
Print Name of Applicant <i>Cathy Barlow</i>		Signature of Applicant <i>Cathy Barlow</i>		Purpose of Request
Mailing Address – Number, Street		Amount Enclosed – DO NOT SEND CASH \$ _____ Check \$ _____ Money Order		Number of Copies
City		Name of Person Receiving Copies, if Different from Applicant		
State/Province <i>Utah</i>	ZIP Code <i>84010</i>	Mailing Address for Copies, if Different from Applicant		
Daytime Telephone (include area code)	Country <i>USA</i>	City	State	ZIP Code

DEATH RECORD INFORMATION (PLEASE PRINT OR TYPE)

Complete the information below as shown on the death record, to the best of your knowledge.

DECEDENT FIRST Name <i>114826 Esther</i>	MIDDLE Name <i>M.</i>	LAST Name <i>Coleman</i>	Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
City of Death (must be in California) <i>Los Angeles</i>	County of Death <i>Los Angeles</i>	Date of Birth – MM/DD/CCYY <i>1934</i>	State of Birth <i>NY</i>
Date of Death – MM/DD/CCYY (Or Period of Years to be Searched) <i>4 May 1912</i>		Social Security Number _____	
Mother/Parent Name (First, Middle, Last)		Name of Spouse/Domestic Partner of Decedent (First, Middle, Last) <i>Jane M. Coleman deceased 1881</i>	

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