Application for Authorized Certified Copy of a Death Record Please Review the Instructions on the Back Before Completing

1	Death Certificate Informati	on: Numb	Number of certified copies:		
	Name of Deceased:				
	Name of Deceased: First	Middle		Last	
	Date of Death: Month,	Place of D	eath:		
	Father's Name:First		r: 1.11		
	Mother's Maiden Name:	First M	liddle I a		
2	Applicant Information (Fur			St.	
	•				
	Name:First) (* 1 11			
	First	Middle	La	st	
	Address:Number and Str	eet City	State	Zip Code	
				Zip Code	
	Mailing Address: If different than above Number	and Street C	ity Sta	ate Zip Code	
	Telephone Number with area co			r	
	rerephone rumber with area co	uc. ()_			
3	To obtain an Authorized Cert	ified Copy you must che	ck the appropriate box l	below:	
	I am:				
	☐ The registrant or a parent or legal guardian of the registrant ☐ A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant				
	☐ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency				
	seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.				
	☐ 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.				
	☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law,				
	who is conducting official business.				
4	Any funeral director who orders certifies copies of a death certificate on behalf of any individual specified in				
	paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.				
	I, swear under penalty of perjury that I am an authorized person, as Printed Name				
	defined in California Health and Safety Code Section 103525 (c), and am eligible to receive a certified copy of the				
	death record identified on this application form.				
	Sworn this day of,, at city & state				
	Signature:	Signature: Funeral Director License #			
	Office use only: Certificate #		-		
	ID / DL#		Deputy	·	

Instructions to Complete an Authorized Certified Copy of a Death Record

1 Death Certificate Information:

Print or type number of certified copies requested

Print or type name of decedent

Print or type date of death

Print or type city of death

Print or type father's name

Print or type mother's maiden name

2 Applicant Information:

Print or type name of mortuary ordering copy

Print or type address of mortuary ordering copy

Print or type mailing address of mortuary ordering copy, if different than address above

Print or type telephone number of mortuary ordering copy, including area code

Section 103526 of the California Health and Safety Code restricts who is authorized to obtain an authorized certified copy of a death record. You must be one of the authorized persons described in the six sentences in area 3 on the form. Please check the box that authorizes you to obtain an authorized certified copy of a death record.

Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a death record to complete and sign the sworn statement in area 4 on the front of this application. Please print name of mortuary representative in the space provided, complete the space for the date and location for when and where you will sign this statement and sign the statement. ALWAYS include the FDL# in the space provided

City of Pasadena Public Health Department Vital Records Office 1845 North Fair Oaks Avenue, Room 1136 Pasadena, CA 91103



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