



KINGS COUNTY
APPLICATION FOR CERTIFIED COPY OF A
DEATH RECORD

DEATH CERTIFICATE INFORMATION:

\$12.00 per copy

Copies requested _____

Name of Decedent: _____
FIRST MIDDLE LAST

Date of Death _____

Place of Death _____

APPLICANT INFORMATION:

Name: _____
FIRST MIDDLE LAST

Address: _____
NUMBER, STREET CITY STATE ZIP CODE

Mailing Address: _____
NUMBER, STREET CITY STATE ZIP CODE

Telephone Number: () _____

To obtain an authorized certified copy you must be authorized under section 103526 of the Health and Safety Code.

- | | |
|---|---|
| <input type="checkbox"/> 1. Parent or Legal Guardian of Registrant
<small>103526(c)(1)</small> | <input type="checkbox"/> 2. Court order, Attorney of Licensed Adoption Agency
<small>103526(c)(2)</small> |
| <input type="checkbox"/> 3. Law Enforcement, Governmental Agency
conducting Official Business
<small>103526(c)(3)</small> | <input type="checkbox"/> 4. Child, Grandparent, Grandchild, Sibling, Spouse,
Domestic Partner
<small>103526(c)(4)</small> |
| <input type="checkbox"/> 5. Attorney Representing Registrant etc.
<small>103526(c)(5)</small> | <input type="checkbox"/> 6. Funeral Director
<small>103526(c)(6)</small> |

IF YOU SUBMIT YOUR ORDER IN PERSON, YOU MUST COMPLETE THIS PART IN THE PRESENCE OF A VITAL RECORDS STAFF PERSON. IF SUBMITTING BY MAIL YOU MUST COMPLETE THIS STATEMENT IN THE PRESENCE OF A NOTARY PUBLIC AND MAIL TO : Kings County Department of Public Health, Vital Statistics, 330 Campus Drive, Hanford, CA 93230
IMPORTANT: THIS REQUEST CANNOT BE PROCESSED IF THIS SECTION IS NOT SIGNED.

I, _____ swear under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an authorized, certified copy of the birth record identified on this application form. Sworn this _____ day of _____, _____, at _____.

Signature: _____

CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ County of _____

On _____ Before me, _____, personally appeared _____ Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.

Signature: _____ (Seal)

OFFICE USE ONLY:

Paper # _____ Receipt # _____ Clerk _____ Date _____

Cash _____ Check # _____ MO# _____ Pick up _____ Mail _____