



County of Yolo

Clerk-Recorder

For official use only:

Certificate #: _____

Gov't agency _____ Clerk initials _____

COPIA CERTIFICADA SIN COSTO DE DEFUNCIÓN "PARA INCENDIOS FORESTALES"

La fecha de hoy: _____

El numero de copias: 1

Acta de Defunción (Sin Costo)

Información de Defunción:

Nombre en la acta:

Primero Segundo Apellido

La fecha de Defunción

Mes/Día/Año El lugar de Defunción Ciudad Condado Estado

El nombre del Padre:

Primero Segundo Apellido

El nombre de la Madre:

Primero Segundo Apellido (de Soltera)

Marque las cajas apropiadas

(Vea el código S y S 103526 abajo)

El Código de Salud y Seguridad de California, **Sección 103526**, solamente permite a personas autorizadas como se define en la parte de abajo, para recibir copias certificadas y autorizadas.

- Una **COPIA CERTIFICADA** de la persona registrada.
Solamente aplique para una acta de matrimonio *Regular*

Yo soy:

- La persona registrada, el padre o la madre, el(la) custodio(a) legal de la persona registrada.
- La persona autorizada por orden de la corte para recibir el registro, o un(a) abogado(a) o una agencia acreditada de adopción.
- Un miembro de una agencia del orden público o un representante de otra agencia gubernamental, como lo provee la ley, quien está manejando asuntos oficiales.
- Hijo(a), abuelo(a), nieto(a), hermano(a), esposo(a), o pareja doméstica de la persona registrada.
- Un(a) abogado(a) que representa al interesado o al estado, o cualquier persona o agencia autorizada por decreto o nombrado por la corte para actuar en nombre de la persona registrada.
- Cualquier agencia o un(a) empleado(a) de una funeraria que solicite copias certificadas de la acta de defunción en nombre de cualquier individuo especificado en los párrafos **1-5**, inclusivo, de subdivisión **(a)** del código Familia Sección 7100.

Información de Aplicante:

Nombre: _____ Numero de Teléfono:() _____

En letra de molde

Domicilio: _____

Numero y Calle o *PO Box* Ciudad Estado Código Postal

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am an authorized
 (Applicant's Printed Name)

person, as defined in California Health and Safety Code Section 103526 (c), and that I am a victim of the Napa, Sonoma, Yuba, Butte, Lake, Mendocino, Nevada or Orange County (Tubbs, Atlas, Cherokee, LaPorte, Sulphur, Potter, Cascade, Lobo and Canyon) Fire and lost certified copies of birth, death, or marriage records as a result.

Pursuant to the Governor's Proclamations of a State of Emergency, I am eligible to receive a free certified copy of the birth, death, or marriage certificate of the following individual(s):

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 CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (City) (State)

 (Applicant's Signature)

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

CERTIFICATE OF 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, _____, personally appeared _____,
 (insert name and title of the officer)

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.
 (SEAL)

 SIGNATURE OF NOTARY PUBLIC