



(NOTARY SEAL)

COUNTY OF YOLO
CLERK/RECORDER

For official use only:	
Certificate #:	_____
Gov't agency _____	Clerk initials _____

CERTIFIED COPY

"WILDFIRE" DEATH RECORD

Today's Date: _____

Number of copies requested: ___1___

(No Fee)

Death Record Information:					
Name on Certificate _____					
	First		Middle		Last
Date of Death	____/____/____	Place of Death	_____		
	Month/Day/Year		City	County	State
Father's Name: _____					
	First		Middle		Last
Mother's <u>Maiden</u> Name: _____					
	First		Middle		Last

Mark Appropriate Boxes

(See H&S Code 103526 below)

Authorized **CERTIFIED COPY** of the record
(Sworn statement required)

The California **H&S Code 103526**, permits only persons as defined below to receive *Authorized* certified copies of Birth, Death and Marriage records.

- I am:**
- The registrant or a parent or legal guardian 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 death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
 - A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
 - A child, grandparent, grandchild, sibling, 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 acting within the scope of employment who orders certified copies of a death certificate on behalf of any individual specific in paragraphs (1) to (5), inclusive, of subdivision (a) of Family Code Section 7100.

Applicant Information:

Name: _____ Telephone Number: () _____
(Print Name)

Address: _____
Number and Street City State Zip Code

SWORN STATEMENT (MUST BE COMPLETED)

I, _____, declare under penalty of perjury under the laws
(Printed Name)
of the State of California, that I am an authorized person, as defined in California H&S Code 103526 (c), and am eligible to receive a certified copy of the death record of the above and/or attached individual(s):

Sworn on _____
(Date and Place) (Signature)

Note: You may submit your order by mail, fax or in person.

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 survivor of the Butte, Los Angeles, or Ventura County (Camp, Hill, or Woolsey) 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