

# DEATH RECORD

## Instructions / Acknowledgment

### Instructions for completing application form:

1. Use separate application form for each different name on death record.
2. Complete the "Death Record" and "Applicant Information" sections, indicating if you want an *Authorized Certified copy* or an *Informational copy* of the record.  
**NOTE: If the information on the request is incomplete or inaccurate, it may be impossible to locate the record.**
3. Please read and sign the Sworn Statement ONLY if requesting an *Authorized Certified copy*.
4. If submitting request(s) by mail or by fax, the Sworn Statement **MUST** be signed in the presence of a Notary Public.  
**NOTE: Only one notarized sworn statement is required for multiple certificates for each name requested at the same time; the application with the notarized sworn statement must include the name of each individual whose certificate you wish to obtain and your relationship to that individual. (Law enforcement, funeral establishments and local and state governmental agencies are exempt from the notary requirement.)**
5. Submit the appropriate fee for each certified copy requested, along with **\$1.00 for return postage or a Self-Addressed Stamped Envelope**. If mailing application(s), please make all checks or money orders payable to **YOLO COUNTY CLERK/RECORDER. For facsimile requests, please fax application, after faxing, you can call and give credit card information. Priority Express \$27.90 (1-2 business days) / Priority Mail \$9.90 (3 business days)**

### MAIL COMPLETED APPLICATION WITH FEE(S) TO:

Yolo County Clerk/Recorder, PO Box 1130, Woodland, CA 95776-1130

Office (530) 666-8130 • Fax (530) 666-8109

[www.yolorecorder.org](http://www.yolorecorder.org)

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### CERTIFICATE OF ACKNOWLEDGMENT (for AUTHORIZED certified copies only, if mailed or faxed)

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 documents.

State of \_\_\_\_\_ )

) §

County of \_\_\_\_\_ )

On \_\_\_\_\_, before me \_\_\_\_\_,

(date)

(name and title of officer)

personally appeared \_\_\_\_\_ who proved to me on the basis of satisfactory

(name of person signing)

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.

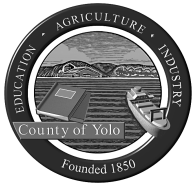
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal,

Signature \_\_\_\_\_

(officer)

(NOTARY SEAL)



# Yolo County CLERK-RECORDER

Jesse Salinas, County Clerk/Recorder  
625 Court St. Rm. B-01 530 666-8130  
Woodland, CA 95695

|                               |                |
|-------------------------------|----------------|
| <b>For official use only:</b> |                |
| Certificate #:                | _____          |
| Gov't agency                  | Clerk initials |

CERTIFIED COPY

## DEATH RECORD

Number of copies requested \_\_\_\_\_

**FEE: \$24.00 per copy**

Today's Date: \_\_\_\_\_

### Death Record Information:

|                         |                |                |              |
|-------------------------|----------------|----------------|--------------|
| Name on Certificate     |                |                |              |
| _____                   | _____          | _____          | _____        |
|                         | First          | Middle         | Last         |
| Date of Death           |                | Place of Death |              |
| ____/____/____          | _____          | _____          | _____        |
|                         | Month/Day/Year | City           | County State |
| Parent/Father:          |                |                |              |
| _____                   | _____          | _____          | _____        |
|                         | First          | Middle         | Last         |
| Parent/Mother (maiden): |                |                |              |
| _____                   | _____          | _____          | _____        |
|                         | First          | Middle         | Last         |

### Mark Appropriate Boxes

(See H&S Code 103526 below)

|   |   |
|---|---|
| <input type="checkbox"/> Authorized <b>CERTIFIED COPY</b> of the record<br>(Sworn statement <u>required</u> ) | <input type="checkbox"/> <b>INFORMATIONAL COPY</b> of the record<br>(Sworn statement <i>not</i> required) |
|---|---|

**"INFORMATIONAL COPIES ARE NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

The California H&S Code 103526, permits only persons as defined below to receive *Authorized* certified copies of Birth, Death and Marriage records. Those who are not authorized by law will receive a certified copy stamped: **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

### RELATIONSHIP:

- Parent / Legal guardian of registrant
- Spouse / registered Domestic Partner of Registrant
- A party entitled to receive the record as a result of a court order (FC 7603, section 3140)
- An attorney representing the registrant, any person(s) or agency empowered by statute or appointment by a court order to act on behalf of the registrant
- A member of law enforcement or a representative of a govt. agency, as provided by law, who is conducting official business  
**(Companies representing a government agency must provide authorization from the government agency.)**
- 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 (8), inclusive, of subdivision (a) of Family Code Section 7100.
- An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of H&S 7100.
- An agent under power of attorney for health care, competent surviving spouse, sole adult child, parent(s), sole adult sibling, adult person respectively in the next degrees of kinship, conservator or public administrator
- Child / Sibling of registrant (or relative described in HSC 7100(a)(1-8)
- Grandparent / Grandchild of Registrant

### Applicant Information:

Name/Funeral Home: \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_  
Number and Street City State Zip Code

### SWORN STATEMENT

(Not required for an INFORMATIONAL COPY)

I, \_\_\_\_\_, declare under penalty of perjury under the laws 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):  
(Printed Name)

Sworn on \_\_\_\_\_ / \_\_\_\_\_  
Date Place, i.e. Woodland, CA Signature