



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 and credit card form, or after faxing, you can call and give credit card information.** If no record of the death is found, the fee will be retained for searching, as required by statute, and a Certificate of Search indicating no record was found will be mailed to you.

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

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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)



COUNTY OF YOLO CLERK-RECORDER

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

For official use only:

Certificate #: _____

Gov't agency _____ Clerk initials _____

Today's Date: _____

CERTIFIED COPY
DEATH RECORD

Number of copies requested _____

FEE: **\$21.00** per copy

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 Maiden Name: _____
First Middle Last

Mark Appropriate Boxes

(See H&S Code 103526 below)

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

INFORMATIONAL COPY of the record
(Sworn statement *not* 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 the Registrant
- A Party Entitled to Receive the Record as a Result of a Court Order
- An Attorney, Any Person **or** Agency Empowered by Statute or Appointment by a court 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
- An Agent or Employee of a Funeral Establishment acting within the scope of employment and on behalf of persons specified in paragraphs (1) to (8) of H&S Code 7100
- An Agent under power of attorney for health care, a surviving competent spouse / sole adult child / parent(s) / sole adult sibling / adult person(s) respectively in the next degrees of kinship, an appointed conservator or a public administrator
- Child / Sibling of Registrant (or relative described in H&S 7100(a)(1)-(8))
- Grandparent / Grandchild of Registrant

Applicant Information:

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

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
(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)