

## **KINGS COUNTY**

## APPLICATION FOR CERTIFIED COPY OF A DEATH RECORD

ATTACH A CHECK IN THE AMOUNT OF \$21.00 FOR EACH CERTIFICATE REQUESTED. MAKE CHECKS PAYABLE TO THE KINGS COUNTY CLERK/RECORDER.

MAIL COMPLETED FORM TO: KINGS COUNTY CLERK/RECORDER 1400 WEST LACEY BLVD. HANFORD, CA 93230

DEATH CERTIFICATE INFORMATION:				Number of copies requested:		
Name of Decedent:			NC 11			
First Date of Death:			Midd	e		Last
Place of Death:						
APPLICANT INFORMATION:						
Name:			Middle			Last
			Wilduic			Last
Address:Number, Street		City		State		Zip Code
Mailing Address:	Number, Street	City		State		Zip Code
Only If different than above.	Telephone Number	•				Zip Code
To obtain an authorized certified copy you must be authorized under section 103526 of the Health and Safety Code.						
1. Parent or Legal Guardian of Registrant 2. Court order, Attorney of Licensed Adoption Agency 103526(c)(1) 103526(c)(2)						ed Adoption Agency
☐ 3. Law Enforcement, Governmental Agency conducting Official Business 103526(c)(3)  4. Child, Grandparent, Grandchild, Sibling, Spouse, Domestic Partner 103526(c)(4)						
5. Attorney Representing Registrant etc. 6. Funeral Director 103526(c)(5) 103526(c)(6)						
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 AND SIGN IN THE PRESENCE OF A NOTARY PUBLIC AND MAIL TO: KINGS COUNTY CLERK/RECORDER, VITAL RECORDS REQUEST, 1400 W. LACEY BLVD., 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 death record identified on this application form. Sworn this day of,, at, at						
Month Year Place Signature:						
Certificate of Acknowledgement						
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						
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	Signature (seal)					
Office use only: Re	el/Image	Certificate # _			Paper #	Deputy