



# KINGS COUNTY

## APPLICATION FOR CERTIFIED COPY OF A DEATH RECORD

<b>DEATH CERTIFICATE INFORMATION:</b>	<b>\$21.00 per copy</b>	<b>Copies requested</b> _____
Name of Decedent: _____		
FIRST	MIDDLE	LAST
Date of Death _____		
Place of Death _____		
<b>APPLICANT INFORMATION:</b>		
Name: _____		
FIRST	MIDDLE	LAST
Address: _____		
NUMBER, STREET	CITY	STATE ZIP CODE
Mailing Address: _____		
NUMBER, STREET	CITY	STATE ZIP CODE
Telephone Number: (    ) _____		
<b>To obtain an authorized certified copy you must be authorized under section 103526 of the Health and Safety Code.</b>		
<input type="checkbox"/> 1. Parent or Legal Guardian of Registrant <small>103526(c)(1)</small>	<input type="checkbox"/> 2. Court order, Attorney of Licensed Adoption Agency <small>103526(c)(2)</small>	
<input type="checkbox"/> 3. Law Enforcement, Governmental Agency conducting Official Business <small>103526(c)(3)</small>	<input type="checkbox"/> 4. Child, Grandparent, Grandchild, Sibling, Spouse, Domestic Partner <small>103526(c)(4)</small>	
<input type="checkbox"/> 5. Attorney Representing Registrant etc. <small>103526(c)(5)</small>	<input type="checkbox"/> 6. Funeral Director <small>103526(c)(6)</small>	
<b><i>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 IN THE PRESENCE OF A NOTARY PUBLIC AND MAIL TO : Kings County Department of Public Health, Vital Statistics, 330 Campus Drive, Hanford, CA 93230</i></b>		
<b><u>IMPORTANT: THIS REQUEST CANNOT BE PROCESSED IF THIS SECTION IS NOT SIGNED.</u></b>		
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 _____.		
DAY	MONTH	YEAR PLACE
Signature: _____		
<b>CERTIFICATE OF ACKNOWLEDGEMENT</b>		
State of _____ County of _____		
On _____ Before me, _____, personally appeared _____ Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.		
Signature: _____		(Seal)
<b>OFFICE USE ONLY:</b>		
Paper # _____	Receipt # _____	Clerk _____ Date _____
Cash \$1 _____ \$20 _____	Check # _____	MO# _____ Pick up _____ Mail _____
\$5 _____ \$50 _____		
\$10 _____ \$100 _____		