

EL DORADO COUNTY RECORDER-CLERK APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of birth certificates are issued. Certified Copies to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued Certified Informational Copies that are not valid to establish identity.

Fee: \$21 per copy Payable to the El Dorado County Recorder-Clerk

Please indicate the type of certified copy you are requesting:

I would like a **Certified Copy**. This copy will establish the identity of the registrant. (To receive a Certified Copy you **must indicate your relationship to the registrant** by selecting from the list below and **complete the attached sworn statement** declaring that you are eligible to receive the Certified Copy. The sworn statement **must be notarized** if the application is submitted by mail **unless you are law enforcement or local or state governmental agency**).

I would like a **Certified Informational Copy**. This document will be printed with a legend on the face of the document that states **"Informational, not a valid document to establish identity."**

(A sworn statement does not need to be provided)

Note: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a **Certified Copy** I am:

- A parent or legal guardian of the registrant (person listed on the certificate).
- A party entitled to receive the record as a result of a court order.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- A child, grandparent, grandchild, brother or sister, 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. (if you are requesting a certified copy under a power of attorney, please include a copy of the power of attorney with this application form.)
- Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Today's Date: _____

Agency Name (if appropriate)		Agency Case No. (if appropriate)		Purpose of Request	
Printed Name and Signature of Applicant				Number of Copies	Amount Enclosed
Mailing Address – Number, Street				Name of person receiving copies if different from applicant	
City	State/Province	Zip Code	Mailing address for copies if different than applicant:		
Daytime Telephone (include area code)		Country	City	State	Zip Code

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent (Last)		First	Middle	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
City of Death (must be in CA)	County of Death	Date of Birth- MM/DD/CCYY		State of Birth
Date of Death MM/DD/CCYY (or period of years to be searched)			Social Security Number	
Birth Name – Mother/Parent		Birth Name of Spouse/Domestic Partner of the Decedent (Last, First, Middle)		

El Dorado County Recorder-Clerk

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State
(Applicant's printed name)
of California, that I am an authorized person, as defined in California Health and Safety Code 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):

Name of Person Listed on Certificate	Requestor's Relationship to Person on Certificate

Sworn this _____ day of _____, 20____ at _____
(Day) (Month) (City) (State)

(Applicant's Signature)

IMPORTANT NOTE: If submitting your order by mail, you must sign your sworn statement (above) in the presence of a notary public and the notary public must complete the Certificate of Acknowledgment (next page).

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 California

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
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.

Signature _____ (Seal)

The “Birth” name required on Vital Records is the name given at birth, or a name received through adoption, court-ordered name change, or Naturalization. AKA’s (Also Known As) and assumed names cannot be entered as the legal “Birth” name.

Instructions:

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Birth Record to establish identity of the registrant (person listed on the certificate). (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, “Informational, Not a Valid Document to Establish Identity.”
2. Complete a separate application for each death record requested.
3. Complete the **Applicant information** section on Page 1 and provide your signature where indicated. In the Decedent Information section, provide all the information you have available to identify the death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **Sworn Statement**
 - a. The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the death record, and identify their relationship to the registrant – the relationship must be one of those identified on Page 1.
 - b. If the application is being submitted by mail, the Sworn Statement must be notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
 - c. You do not have to provide a sworn statement if you are requesting a certified informational copy of the death record.
5. Submit \$21 for **each** copy requested. If no death record is found the \$21 fee will be retained for searching the record (as required by law) and a certificate of No Public Record will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a postal or bank money order (international money order for out-of-country requests) or check made payable to **El Dorado County Recorder-Clerk. There could be a delay of 15 to 20 working days for checks.** The Recorder-Clerk does not accept out of state checks. Mail this application with the fee(s) to the El Dorado County Recorder-Clerk at the address below.
6. **Returning Completed Certificates.** Completed certificates are returned using the U.S. Postal Service.

El Dorado County Recorder-Clerk
360 Fair Lane
Placerville, CA 95667