



WRITTEN APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A DEATH RECORDS FROM A MORTUARY

Nevada County Vital Records
500 Crown Point Circle, Suite 110, Grass Valley CA 95945

1	<p>Death Certificate Information:</p> <p>Name: _____ Date of Death: _____ # of Permits: _____ # of copies: _____</p> <p>Name: _____ Date of Death: _____ # of Permits: _____ # of copies: _____</p> <p>Name: _____ Date of Death: _____ # of Permits: _____ # of copies: _____</p> <p>Name: _____ Date of Death: _____ # of Permits: _____ # of copies: _____</p> <p>Name: _____ Date of Death: _____ # of Permits: _____ # of copies: _____</p> <p>Name: _____ Date of Death: _____ # of Permits: _____ # of copies: _____</p> <p>Name: _____ Date of Death: _____ # of Permits: _____ # of copies: _____</p> <p style="text-align: right;">Total Permits: _____ Total Copies: _____</p>
2	<p>Applicant Information:</p> <p>Business Name: _____ Telephone Number: _____</p> <p>Mailing Address: _____ Street, City, State, Zip</p>
3	<p>To obtain an authorized Certified Copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies and check the appropriate box below</p> <p> <input type="checkbox"/> 103526(c)(1) <input type="checkbox"/> 103526(c)(2) <input type="checkbox"/> 103526(c)(3) <input type="checkbox"/> 103526(c)(4) <input type="checkbox"/> 103526(c)(5) <input checked="" type="checkbox"/> 103526(c)(6) </p>
4	<p>I, _____ swear under penalty of perjury that I am an authorized person, as defined in California Health and <small>Printed Name</small> Safety Code Section 103526 (c), and am eligible to receive a certified copy of the death record identified on this application form.</p> <p>Sworn this _____ day of _____, _____, at _____ Signature: _____</p>
	<p>Office Use:</p> <p>Received: _____ Bank Note #: _____ Payment info: _____ Satisfied: _____</p>

INSTRUCTIONS TO COMPLETE WRITTEN APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A DEATH RECORD FOR MORTUARY

1	<p>Death Certificate Information:</p> <p>Print or type name of decedent Print or type date of death Print or type number of permits to be paid for Print or type number of death certificates requested</p>
2	<p>Applicant Information:</p> <p>Print or type name of business ordering copy Print or type mailing address of business ordering copy Print or type telephone number of business ordering copy, including area code</p>
3	<p>Using the list below check the box next to the code section in item 3 on the front of this application that authorizes you to obtain an unrestricted certified copy of a death record:</p> <p>103526(c)(1) The registrant or a parent or legal guardian of the registrant</p> <p>103526(c)(2) A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.</p> <p>103526(c)(3) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business</p> <p>103526(c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant</p> <p>103526(c)(5) 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</p> <p>103526(c)(6) Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code</p>
4	<p>Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a death record to complete and sign the sworn statement in area four on the front of this application. Please print your name in the space provided, complete the space for the date and sign the statement.</p>