



## APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

**PLEASE READ THE INSTRUCTIONS ON BACK BEFORE COMPLETING THIS APPLICATION**

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an Authorized Certified Copy of a death record:

- The parent or legal guardian of the registrant.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, 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.
- 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.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

**MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY**

I am requesting an AUTHORIZED copy     I am requesting an INFORMATIONAL copy     With Amendments

Number of Copies	Total Paid \$	VA**	<b>Do not write in this space</b>	
	<b>Month</b>	<b>Day</b>		<b>Year</b>
Date of Death				File# _____
Full Name of Deceased (first, middle, last)				Pymt \$ _____
Place of Death (Hospital or Address)				Rec'd by _____
Relationship to Registrant (see above)	Daytime phone number			Searched _____
I _____ swear (or affirm) 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 _____  Signature _____  DL/ID _____				Date Issued _____

\*\* Government Code 6107

Pick-up     Mail Out

**COMPLETE YOUR NAME AND ADDRESS BELOW**

Name	Please make check payable to: Department of Health and Human Services 2525 Grand Avenue, Long Beach, CA 90815 (562) 570-4305 Office Hours: 8:00 AM-4:00 PM Monday-Friday, Except Holidays White: Original      Pink: Client
Street Address	
City      State      Zip	

# Request for Birth or Death Record

## INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Decedent Information of this form. If you are requesting a regular **Certified Copy**, complete the entire form.
2. If you submit your order in person, you must sign a sworn statement in the presence of Office of Vital Records staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **Please Note: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose certificate you wish to obtain and your relationship to that individual.** (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
3. Use a separate application form for each different record of birth or death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement.)
4. Complete the Applicant Information section and provide your signature where indicated. Give all the information you have available to identify the record in the spaces provided. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
5. Submit the current fee for each certified copy requested. If no record is found, the fee will be retained for searching as required by statute and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you wish. Include sufficient money with this application in the form of a personal check, postal, or bank money order (International Money Order only for out-of-country requests), made payable to the Department of Health and Human Services. Mail this application with the fee(s) to:

Vital Records  
Department of Health and Human Services  
2525 Grand Avenue  
Long Beach, CA 90815  
(562) 570-4305  
[www.longbeach.gov/health](http://www.longbeach.gov/health)

The City of Long Beach cannot guarantee delivery of certificates by the U.S. Postal Service. To safeguard your certificates, it is recommended that a self-addressed stamped envelope be included with your application.