



## MARIN COUNTY RECORDER

### REQUEST FOR COPY OF DEATH RECORD - \$12

Death Certificate Information		Number of Copies Requested	
LAST NAME	First Name	Middle Name	
Date of Death	City of Death	County of Death	State of Death

#### Requestor Information

Requestor's Full Name	Today's Date	Telephone Number	
Address – Number, Street	City	State	Zip Code
Mailing Address for Copies, if Different from Above	City	State	Zip Code

The California Health & Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. Those who are not authorized by law to receive a certified copy will receive a certified informational copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY". Please indicate below whether you would like a **Certified Copy** or an **Informational Copy**.

- |   |  |
|---|--|
| <input type="checkbox"/> I would like a <b>Certified Copy</b> of the record identified on the application form. (In order to receive an unrestricted Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.) | <input type="checkbox"/> I would like an <b>Informational Copy</b> of the record identified on the application form. (You are not required to select from the list below in order to receive a restricted Informational Copy.) |
|---|--|

- I am:
- A parent or legal guardian of the deceased.
  - A child, grandparent, grandchild, sibling, spouse, or domestic partner of the deceased.
  - A party entitled to receive the record as the 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.
  - An attorney representing the deceased or the deceased's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the deceased or the deceased's estate.
  - A funeral director ordering 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.

For Official Use Only			
Book & Page / Document Number	Bank Note Number(s)	Date Processed	Clerk Initials

**STOP!** If you are making your request in person, please wait to sign the sworn statement in the presence of a clerk.  
**IMPORTANT NOTE:** If you are submitting your order by mail, you must sign the sworn statement in the presence of a notary public and the notary public must also fill out the Certificate of Acknowledgment. You may request certified copies for multiple individuals by mail and collectively notarize them; however, a separate application must be completed for each request.

**SWORN STATEMENT**

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the  
(Print Full Name)  
State of California, that I am eligible to receive a Certified Copy of the death record of the individual named on the certificate, that my relationship is accurately identified on this request form, and that the representations made herein are true and correct.

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_,  
(Day) (Month) (Year) (City) (State)

**X** \_\_\_\_\_  
(Signature)

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_  
County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Name and Title of Officer)

personally appeared \_\_\_\_\_  
(Name of Individual Appearing)

- personally known to me
- 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.

WITNESS my hand and official seal

\_\_\_\_\_  
(Notary Signature)

(SEAL)

All requests must be accompanied by payment in the form of imprinted check drawn on a California bank (no out-of-state checks accepted), cashier's check, or money order payable to: "Marin County Recorder". Payment by credit card (MasterCard or Visa) may be submitted through [www.vitalchek.com](http://www.vitalchek.com).

**Marin County Recorder  
P.O. Box C  
San Rafael, CA 94913**