WRITTEN APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A DEATH RECORD DIE ASE DEVIEW THE INSTRUCTIONS ON THE PACK REFORE COMPLETINC

1				E BACK BEFORE C. Number of copies reque		
1						
	Name: First		Middle	Last		
				City of Death:	of Death:	
	Month, Day, Year					
	Father's Name:	First	Middle	Last		
	Mother's Maiden Name:	First	Middle Last (Maiden)		(Maiden)	
2	Applicant Informat	ion:				
	 Name:					
	Name:		Middle	Last		
	Address:Numbe	n and Streat	Cita	State	Zip Code	
			City	State	Zip Code	
	Mailing Address: If different than above		City	State	Zip Code	
	Telephone Number: ()	Email:			
3	To obtain an Unrestricted 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					
	\Box 103526(c)(1)	\Box 103526(c)(2)	\Box 103526(c)(3	(i) \Box 103526(c)(4))	
	□ 103526(c)(5)	103526(c)(6)				
4	I,	SW	ear under penalty of pe	eriury that I am an authorize	ed person, as	
4	I, swear under penalty of perjury that I am an authorized person, as Printed Name					
	defined in California Health and Safety Code Section 103526(c), and am eligible to receive a certified copy of the death record identified on this application form. Sworn this day of,,					
	at		Signatur	e:	,,	
5				the individual who signed the docu	nent to which this certificate	
5	is attached, and not the truthfulness, accuracy, or validity of that document.					
	Certificate of Acknowledgement State of County of On before me,, personally appeared					
	who 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. 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)	
	Office use only: Receip	ot #	Paper #	Date		
	Clerk Check#_		M/O#			