

**APPLICATION FOR AUTHORIZED CERTIFIED COPY  
OF A FETAL DEATH RECORD**  
**PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING**

**Applicant (Person/Agency) Information & Mailing Address**

Name:
Street Address:
City, State, Zip Code

Received By	Date
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Telephone Number
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**Applicant's Relationship to person named on certificate; Please Check One:**

- 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
- A parent or legal guardian of person named on the certificate
- Child, grandparent, grandchild, sibling (brother or sister), spouse or domestic partner of the person named on the certificate
- A party entitled to receive record as a result of a court order
- A member of law enforcement agency or representative of another government agency, as provided by law, who is conducting official business
- An attorney representing the registrant or the registrant's estate, or a person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate
- Other; Not Authorized, requesting informational copy

**A valid government issued photo ID is required for requesting authorized certified copies.**

**Death Certificate Information:** \_\_\_\_\_ **Number of copies requested:** \_\_\_\_\_  
(\$18.00 each)

Name on Certificate: \_\_\_\_\_  
First Middle Last

Date of Death: \_\_\_\_\_ City of Death: \_\_\_\_\_  
Month, Day, Year

Mother's Maiden Name: \_\_\_\_\_  
First Middle Last

Funeral Establishment: \_\_\_\_\_ License# \_\_\_\_\_

**Sworn Statement: Complete in front of Notary or Vital Records Deputy**

I, \_\_\_\_\_ declare 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.

Declared this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  
Day Month Year City

Signature: \_\_\_\_\_

**Certificate of Acknowledgement (This box MUST be completed for mail in applications)**

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

On \_\_\_\_\_ before me, \_\_\_\_\_, 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)

**Office use only:** Local File # \_\_\_\_\_ Banknote Paper # \_\_\_\_\_ Deputy \_\_\_\_\_

ID \_\_\_\_\_ Date Mailed \_\_\_\_\_

***Applicant (Person or Agency requesting certified copy) Information & Mailing Address:***

Print or type your complete name and address

NOTE: This box is used as a mailing label for your copies.

***Phone Number:***

Print or type your complete telephone number including area code

***Applicant Information: Person or Agency requesting Certified Copies***

Please place a check in the appropriate box describing your relationship to the person named on the certificate. A valid government issued photo ID is required for requesting authorized certified copies.

The California Health and Safety code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. If you are not an authorized person, we will send an informational copy only. This will state "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

**Per the Health and Safety code, section 103526 (c)** the following are authorized persons to purchase a certified copy of a death certificate:

- 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
- A parent or legal guardian of the registrant
- A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant
- 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
- 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

**103526(b)** Other; Any person or agency not authorized per the above will receive an informational copy

***Death Certificate Information:***

Print or type number of copies requested (Our office currently accepts cash or checks only; we cannot accept coins, debit or credit cards at this time.)

Print or type name of person on the certificate

Print or type date of death

Print or type city of death

Print or type mother's maiden name

***Sworn Statement***

**DO NOT COMPLETE THIS PORTION UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT** Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a death record to complete and sign a sworn statement under penalty of perjury. Any agent or employee of a funeral establishment ordering death certificates on behalf of an authorized individual is not required to provide a *notarized* sworn statement. They are, however, required to provide sworn statements on the application form.

***Certificate of Acknowledgement***

Complete entire application then take to a notary public. Complete and sign the sworn statement in front of the notary public. Request the notary acknowledge your signature in the sworn statement. Mail ALL copies of the application form and appropriate fees with check or money order payable to:

Sacramento County Vital Records  
7001 East Parkway, Suite 650  
Sacramento, CA 95823

Information Line:  
(916) 875-5345

Sacramento County does not hold pending orders; Sacramento County does not verify amended orders. All orders will be processed per Health and Safety code 103625 and 103650.

**Sacramento County Vital Records is not responsible for lost, stolen or misdirected mail.**