# Instructions to Complete an Application for an Check here if requesting **Authorized Certified Copy of a Death Record**

**Informational Only:** 

1	Death Certificate Information:			# of certified copies:		
	N					
	Name of decedent:	First	Middle	2	Last	
				Pasadena Death Location:		
	Month, Day, Year			Name of Hospital/or address		
	Father's Name: First M					
		First	Middle	e Last	·	
	Mother's <b>Maiden</b> N	Tame:First				
		First	Middle	e Last		
2	Applicant Inform	ation (individual re	equesting copies):			
		·				
	Name: First Middle		Last			
	Address:	nber and Street	City	State	Zip Code	
			-	State	Zip Code	
	(If different from above)	Number and Street	City	State	Zip Code	
		with area code: (	•		•	
	relephone ryumoer	with area code. (	.)		<del>_</del>	
3	To obtain an Authorized Certified Copy you must be authorized under section 103526 of the Health and					
<u> </u>	Safety Code. Please read the back side of this application to see which code section applies and check					
	the correct box below:					
	$\Box$ 103526(c)(1	□ 1035	526(c)(2)	$\Box$ 103526(c)(3)	$\Box 103526(c)(4)$	
		5)    1035		` , ` ,	,,,,	
4	COMPLETE SECTION 4 WHEN REQUESTING A CERTIFICATE IN PERSON AND AT THE TIME OF					
4	DAVMENT					
	I, swear under penalty of perjury that I am an authorized person, as  Printed Name					
	Printed Name defined in California Health and Safety Code Section 103525 (c), and am eligible to receive a certified copy of the					
	birth record identified on this application form. Sworn this, day of,,					
	Date Month Year					
	at Signature: Signature:					
	City where statement is being signed					
5	COMPLETE SEC	TIONS 4 AND 5 WH	EN REQUESTING	A CERTIFICATE B	SV MAIL.	
3	COMPLETE SECTIONS 4 AND 5 WHEN REQUESTING A CERTIFICATE BY MAIL.					
	Certificate of Acknowledgement State of County of					
	On before me,, personally appeared Date					
	who proved to me on the basis of satisfactory evidence to be the person(s) whose names(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.					
	<u> </u>				(seal)	
	Signature of Notary Pr					
	Office use only: Cert	ificate #	=			
	Revised: 01/01/2012	ID / DL#		Deputy		

## Instructions to Complete an Application for an Check here if requesting **Authorized Certified Copy of a Death Record**

**Informational Only:** 

#### **Death Certificate Information:** 1

- Print or type number of certified copies requested.
- Print or type name of registrant.
- Print or type date of death.
- Print or type hospital of death.
- Print or type father's name.
- Print or type mother's maiden name.

#### **Applicant Information:** 2

- Print or type name of person ordering copy.
- Print or type address of person ordering copy.
- Print or type mailing address of person ordering copy (if different than address above).
- Print or type telephone number of person ordering copy, including area code.
- Using the list below check the correct box in Section 3 on the front of this application that authorizes you to obtain a 3 certified copy of a death record:
  - 103526(c)(1) The registrant or a parent or legal guardian of the registrant
  - 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 death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
  - 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.
  - 103526(c)(4) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.
  - 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.
  - 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.

### COMPLETE SECTION 4 WHEN REQUESTING A CERTIFICATE IN PERSON AND AT THE 4 TIME OF PAYMENT.

Section 103526 of the California Health and Safety Code requires anyone requesting an authorized certified copy of a birth record to complete and sign the sworn statement in section 4 on the front of this application. Please print your name as well as the date when and where your request will be made or submitted. Sign the statement.

### COMPLETE SECTIONS 4 AND 5 WHEN REQUESTING A CERTIFICATE BY MAIL. **Certificate of Acknowledgement**

Complete sections 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in section 4 in front of the notary public. Request that the notary complete section 5 to acknowledge your signature in the sworn statement in section 4. Mail the original application with a self-addressed, stamped envelope and a check/money order (payable to the "City of Pasadena Public Health Department"), made out in the correct amount. Fee is \$14.00 for each copy requested. Send to:



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City of Pasadena Public Health Department Vital Records Office 1845 North Fair Oaks Avenue, Room 1610 Pasadena, CA 91103