APPLICATION FOR COPY OF DEATH RECORD

Please read instructions of back before completing.

INFORMATIONAL COPY IS NOT USED TO ESTABLISH IDENTITY

Sutter County Clerk-Recorder
433 Second Street, Yuba City, CA 95991
www.suttercounty.org

1 | **DEATH RECORD INFORMATION:** | **FEE $24.00**

Name (as written on death certificate) _____
First   Middle   Last

Date of Death _____

2 | **PAPER COPY:** ☐ **AUTHORIZED**   OR   ☐ **INFORMATIONAL**

ELECTRONIC COPY: ☐ **AUTHORIZED**

 # OF COPIES:
_____

3 | **MY CONTACT INFORMATION**

_____
Name *(or Agency Name and Agent)*

_____
Phone (x x x) x x x – x x x x

_____
Street Address (where certificate will be mailed, if applicable)

_____
City   State   Zip

Email address if requesting electronic certificate: _____

4 | **RELATIONSHIP TO THE PERSON LISTED ON THE DEATH RECORD *(for Authorized Copies only)*:**

California Health & Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Copies of Vital Records. Those who are not authorized will receive an Informational Copy marked "INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY."

To obtain AUTHORIZED Copy, mark your relationship to the person on record below:

☐ Parent/Legal Guardian   ☐ Grandparent/Grandchild   ☐ Spouse/Domestic Partner

☐ Sibling   ☐ Child   ☐ Next of Kin

☐ Conservator/Attorney of Record   ☐ Licensed Adoption Agency   ☐ Law Enforcement/Govt Agency

☐ Authorized by Court Order   ☐ Agent or Employee of Funeral Establishment

5 | **COMPLETE THE SWORN STATEMENT *(for Authorized Copies only)*:**

I, _____ declare under
(Print Full Name)
penalty of perjury under the laws of State of California, that I am an authorized person and eligible to receive an authorized copy of the death record described in section 1 above.

Sworn _____
Date (mm/dd/yyyy)

At _____
City, State

Signed _____
Applicant Signature

REQUESTING A DEATH RECORD <u>IN PERSON</u>

1. Complete the APPLICATION FOR CERTIFIED COPY - DEATH RECORD (also available in the office).

2. Bring ID.

3. Come to the Sutter County Clerk-Recorder office during regular business hours and submit your application. Most applications can be processed upon submission. Payments must be in the form of cash, check, or money order. Debit and credit card services are available for an additional $2.50 convenience fee.

REQUESTING A DEATH RECORD <u>BY MAIL</u>

1. Complete the APPLICATION FOR CERTIFIED COPY - DEATH RECORD.

   - **For <u>AUTHORIZED COPY</u>**: Complete the Sworn Statement in front of a notary public and include the Notary Acknowledgement with application *(form provided below)*.

   - **For <u>INFORMATIONAL COPY</u>**: Sworn Statement and Notary Acknowledgement are NOT required. *(Informational copies cannot be used to obtain passports or used with DMV.)*

2. Include a check or money order payable to "Sutter County Clerk Recorder" for the appropriate amount.

3. Mail the application and payment to the address below. To ensure accurate delivery, include a self-addressed stamped envelope.

<div align="center">

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Yuba City, CA 95991

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For Expedited Service: Mail completed application and payment in an *Overnight Express* envelope and include a prepaid, self-addressed *Overnight Express* envelope for return service.

IF YOU ARE A VETERAN APPLYING FOR VETERAN'S PENSION OR CERTAIN OTHER VETERAN'S ADMINISTRATION BENEFITS, YOU MAY BE ELIGIBLE FOR A FREE CERTIFIED COPY PURSUANT TO GOVERNMENT CODE 6107. PLEASE CONTACT US TO SEE IF YOU ARE ELIGIBLE.

NOTARY ACKNOWLEDGEMENT *(for mail in requests ONLY)*

> A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____) ss.
County of _____)

On _____ before me, _____, a Notary Public, 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 of Notary: _____   *(seal)*