Ventura County Public Health Office of Vital Records 2240 E. Gonzales Road, Suite 150 Oxnard, Ca. 93036

Application for Certified or Informational Copy of Death Certificate

<u>PLEASE</u> READ THE INFORMATION AND INSTRUCTIONS ON THE BACK OF THIS FORM <u>BEFORE</u> COMPLETING THIS APPLICATION.

(A)	□ I am requesting a certified copy.	□la	m requesting an INFORMATION	ONAL copy
	Decedent's Name /Nombre del Difunto	-	Date of Death/Fecha de Muerte	Number of Copies/
	/		2016 / / 2017	No. de Copias
(Last/Apellido	, , , , , , , , , , , , , , , , , , , ,		/ / 2017 MM DD	
City of I	Death in Ventura County/Ciudad de Muerte en el Condado de	Ventura	☐ Veteran's copy – Ordered via VA office for Veteran's benefits only	\$21.00 per copy/por copia
Funeral Home	e/Nombre de la Funeraría			For office use only
		Mortuary phor	ne number ()	Amount enclosed
☐ Pending copies requested ☐ Amended copies requested with amendment(s)				\$ ☐ Cash ☐ Check
□ Fetal death copies requested - \$18.00 per copy				□ MO □ CC
(B) Sworn Statement (Must be completed if requesting a certified copy)				☐ Pick up ☐ Mail
I swear (or affirm) under penalty of perjury that I am an				Cert No
authorized person, as defined in California Health and Safety Code Section 103525(c), and am eligible to receive a certified copy of the death record identified on this application form.				Receipt No
				Date issued
Sworn this	day of, at	(City)	(State)	Issued by
				☐ Issued w/ amendmen
Signature Relationship to Decedent Note: If submitting your order by mail, you must submit a self-addressed, stamped en				□ Prepaid
(C)	(C) CERTIFICATE OF ACKNOWLEDGMENT 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)			
County of)			
On	, before me(insert name and title of officer)	nerso	onally appeared	
who prove instrument by his/her/executed t	(insert name and title of officer) d to me on the basis of satisfactory evidence to and acknowledged to me that he/she/they exec their signature(s) on the instrument the person(s he instrument. I certify under penalty of perjury u is true and correct.	be the pers outed the sa s), or the en under the la	on(s) whose name(s) is/are subso me in his/her/their authorized cap tity upon behalf of which the pers	cribed to the within acity(ies), and that on(s) acted,
	Signature of Notary Public		(
(D) This i	nformation to be completed by <u>all</u> applicants:			
Name/Nombr	9	If app	olying for INFORMATIONAL cop	y only, sign here:
Street Addres	s/Número y Calle	_	Signatura/Firma dal policitanta	Data/Eachs
City/Cuidad	State/Estado Zip/Zona Postal		Signature/Firma del solicitante	Date/Fecha
Telephone Nu	ımber/Número de Teléfono			

Please note: You must submit a self-addressed, stamped envelope with your order. The Vital Records office is not responsible for replacement of items that are lost in the mail.

INFORMATION: The Vital Records Office retains birth and death records for the **current year and one year prior only**. Events occurring in Ventura County for all other years must be obtained from the Ventura County Recorder's office. Applicants **must present** a current valid, government issued **photo identification** for the purchase of certified copies of birth or death records.

You may be eligible for a free certified copy if you are applying for a Veteran's pension or certain other Veteran's benefits per Section 6107 of the Government Code of the State of California. This does not apply to Social Security and other civilian benefits even if you are a Veteran. The copy issued for this purpose will bear the following wording: "This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for Veteran's benefits." This copy will be issued to the Veteran's Administration office making the determination of eligibility for benefits.

INSTRUCTIONS: Pursuant to Health and Safety Code 103526, the following individuals are entitled to a Certified Copy of a death record:

- The registrant or a parent or legal guardian of the registrant (Legal guardian must provide documentation)
- A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 7603 of the Family Code (Please include a copy of the court order)
- A member of a law enforcement agency or a representative of another government agency, as
 provided by law, who is conducting official business (Companies representing a government agency must
 provide authorization from the government agency)
- · A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant
- 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 ((Include a copy of the power of attorney or supporting documentation identifying you as executor)
- 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

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

If you are requesting an authorized **Certified Copy**, please <u>complete all areas</u> in sections A and B and the applicant information in section D of the application form. If you submit your order **in person**, you must sign the sworn statement in the presence of Office of Vital Records staff. If you submit your request **by mail**, you must sign the statement in the presence of a Notary Public who will complete section C of the application form. Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 if the Health and Safety Code is not required to complete the notarized statement.

If you are requesting a certified Informational Copy, complete only sections A, D and E of the application form.

Submit \$21 for each certified copy of a death certificate requested or \$18.00 for each certified copy of a fetal death certificate. If no record of the death is found, the fee paid for one certified copy will be retained for search of files as required by statute and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you are purchasing and include sufficient money with this application, in the form of a personal check, postal or bank money order made payable to Ventura County Vital Records. Mail this application with the fee(s) and a self-addressed, stamped envelope to Ventura County Vital Records, 2240 E. Gonzales Road, Suite 150, Oxnard, Ca. 93036.