

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

PLEASE READ THE INFORMATION AND INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE COMPLETING THIS APPLICATION.

(A) I am requesting a certified copy. I am requesting an INFORMATIONAL copy

Decedent's Name /Nombre del Difunto (Last/APELLIDO) / (First/PRIMER) / (Middle/SEGUNDO NOMBRE)		Date of Death/Fecha de Muerte 2015 MM / DD / 2016	Number of Copies/ No. de Copias _____
City of Death in Ventura County/Ciudad de Muerte en el Condado de Ventura		<input type="checkbox"/> Veteran's copy – Ordered via VA office for Veteran's benefits only	\$21.00 per copy/por copia
Funeral Home/Nombre de la Funeraria Mortuary phone number ()			For office use only
<input type="checkbox"/> Pending copies requested <input type="checkbox"/> Amended copies requested with ___ amendment(s) <input type="checkbox"/> Fetal death copies requested - \$18.00 per copy			Amount enclosed \$ _____
(B) Sworn Statement (Must be completed if requesting a certified copy)			<input type="checkbox"/> Cash <input type="checkbox"/> Check
I _____ swear (or affirm) under penalty of perjury that I am an 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.			<input type="checkbox"/> MO <input type="checkbox"/> CC
Sworn this ____ day of _____, _____ at _____, _____.			<input type="checkbox"/> Pick up <input type="checkbox"/> Mail
Signature _____ Relationship to Decedent _____			Cert No. _____
			Receipt No. _____
			Date issued _____
			Issued by _____
			<input type="checkbox"/> Issued w/ amendment
			<input type="checkbox"/> Prepaid

Note: If submitting your order by mail, you must submit a self-addressed, stamped envelope and have your sworn statement notarized using the Certificate of Acknowledgment below.
Nota: Si envió su orden por correo, necesita la declaración notariada, usando el Certificado de Consentimiento abajo y un sobre con su dirección y estampilla.

(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 _____, personally appeared _____
(insert name and title of officer) (name of subscribing witness)

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
(Notary Seal)

Signature of Notary Public

(D) This information to be completed by all applicants:

Name/Nombre
Street Address/Numero y Calle
City/Ciudad State/Estado Zip/Zona Postal
Telephone Number/Número de Teléfono

(E)

If applying for INFORMATIONAL copy only, sign here:

Signature/Firma del Apicante Date/Fecha

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 complete all areas 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.