



SACRAMENTO COUNTY CLERK/RECORDER

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

\$12.00 PER COPY

Please read the instructions on Page 3 before completing this form.
Complete additional application forms as necessary to fulfill your order.

Part 1 – Death Record Information. Indicate type and number of copies for each record requested.

Record 1	Type:	Authorized	-or-	Informational	Number of copies:
Decedent's Name on Certificate – First Middle Last		Date of Death		City of Death	
Father's Name – First Middle Last		Mother's Maiden Name – First Middle Last			
Record 2	Type:	Authorized	-or-	Informational	Number of copies:
Decedent's Name on Certificate – First Middle Last		Date of Death		City of Death	
Father's Name – First Middle Last		Mother's Maiden Name – First Middle Last			
Record 3	Type:	Authorized	-or-	Informational	Number of copies:
Decedent's Name on Certificate – First Middle Last		Date of Death		City of Death	
Father's Name – First Middle Last		Mother's Maiden Name – First Middle Last			

Part 2 – Authorization. In relationship to the persons whose authorized certified copies are requested, I am:

- A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant (decendent named on the certificate).
- A party entitled to receive the record as a result of court order or an attorney or licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)
- 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.
- 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.

Part 3 – Applicant and Payment Information.

Applicant's Full Legal Name		Telephone Number	
Residential Address: Number and Street, City, State Zip code			
Shipping Address including City, State and Zip code (if different from above)			
Payment and Delivery Method (Make checks payable to Sacramento County Clerk/Recorder)			
Credit card (+ \$6.00) Overnight delivery for additional \$19.00	Credit card (+ \$6.00) Regular mail delivery	Check/money order enclosed Regular mail delivery	
Cardholder's Name	Card Number	CVC (3-digit code)	Expiration Date

Return completed application with payment (and notarized Sworn Statement if requesting authorized certified copies):

Mail: Sacramento County Clerk/Recorder
P.O. Box 839
Sacramento, CA 95812-0839

Fax: (916) 874-0947

Email: sacrec@saccounty.net

FOR OFFICIAL USE ONLY			
Reel	Image	Certificate No.	Paper No.

Instructions

Health and Safety Code 103526 requires this office to issue 2 different types of certified copies: **authorized** and **informational**. Both types are certified copies of the original document on file with our office.

An **authorized** certified copy establishes the registrant's identity and is only available to persons who claim one of the relationships listed in Part 2 of the application. Applicants requesting an authorized certified copy must sign a statement, under penalty of perjury, that they are an authorized person.

Applicants who cannot claim such a relationship are issued an **informational** certified copy which bears an inscription across the face of the document, stating: "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Part 1 – Death Record Information

Provide all the information you have available to identify the record of the registrant (the decedent named on the certificate). If the information provided is incomplete or inaccurate, it might be impossible to locate the record. For each record requested, indicate which type of certified copy you are requesting, authorized or informational, and the number of copies desired.

Part 2 – Authorization

If you are requesting one or more **authorized** certified copies, you must complete Part 2 of the application, indicating your relationship to the registrant(s). Indicate multiple relationships, as necessary, when requesting authorized certified copies for multiple registrants. You must also complete the **Sworn Statement** (Page 2 of this form) and have your signature acknowledged by a Notary Public.

Part 3 – Applicant and Payment Information

CONTACT INFORMATION

Enter your name and address information in the space provided. Please include a daytime telephone number where we can reach you in case we have any questions regarding your order. Your telephone number will not be used for any other purpose. Include a physical shipping address (street address, city, state, and Zip code) if requesting overnight delivery.

PAYMENT BY CHECK / MONEY ORDER

Payments must be made in U.S. dollars in the form of a personal check, cashier's check, certified check, traveler's check, or money order. Make checks payable to: "Sacramento County Clerk/Recorder." A returned check fee of \$44.00 will be charged on all returned checks (Sacramento County Code S section 2.01.035).

PAYMENT BY CREDIT CARD

In the space provided, enter the card number, cardholder's name, expiration date (month and year), and card verification code (CVC). The CVC is typically a 3-digit number on the back of the credit card. Mail, fax, or email the completed form to our office. Or, go online to www.VitalChek.com. VitalChek is a private company that provides a secure Internet site, allowing the public to conveniently order vital records 24 hours a day. A processing fee of \$6.00 applies to all credit card transactions. When ordering an **authorized** certified copy of a birth certificate on-line through VitalChek you must also mail, fax, or email your notarized Sworn Statement to our office. Authorized certified copies cannot be issued without a notarized Sworn Statement.

DELIVERY METHOD

Overnight delivery via UPS Air is available for an additional cost of \$19.00 on orders paid by credit card. Credit card orders are processed within 2 days of receipt. If selecting overnight delivery, be sure to include a physical address (street address, city, state, and Zip code); UPS will not deliver to post office boxes. Orders paid by check or money order are processed within 2 weeks of receipt and shipped via first class postal service.

COSTS

The cost is **\$12.00** for each certified copy.

Contact Us

For questions about your order or further assistance, please contact our office:

Telephone: (916) 874-6334
Toll Free: (800) 313-7133 (within California, outside 916 area code)
TDD: (800) 735-2929
Email: sacrec@saccounty.net