

APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

Instructions

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Registrant Information portions of this form. If you are requesting an **Authorized Certified Copy**, complete the entire form. You will still need to sign it.
2. If you submit your order in person, you must sign a sworn statement in the presence of Clerk/Recorder staff. If you submit your request by mail, you must complete the sworn statement below and sign it in the presence of a Notary Public. **PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose death certificate you wish to obtain and your relationship to that individual.** (Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
3. Use a separate application form for each different record of death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
4. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under **Registrant Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
5. Submit **\$14** for **each** certified copy of a death certificate. If no record is found, the fee will be retained for searching as required by statute, and a Certificate of Search will be issued. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application, in the form of a postal or bank money order made payable to the **Humboldt County Recorder**.
6. Mail this application with the fee(s) and a self-addressed, stamped envelope to the address below:

Humboldt County
Office of Clerk/Recorder
825 Fifth Street – Fifth Floor
Eureka, CA 95501
(707) 445-7382



Application for a Humboldt County Vital Record

Aplicacion para el Condado de Humboldt Documento Vital

INFORMATION: The Humboldt County Clerk-Recorder only has records of birth and death that *occurred* in Humboldt County. For all other records you must contact the county in which the event took place or contact the State Office of Vital Records, P.O. Box 997410, Sacramento, CA 95899.

INFORMACION: La oficina de Humboldt County Clerk-Recorder solamente tiene documentos oficiales de actas de nacimiento y de defuncion que ocurrieron en este Condado de Humboldt. Por otros datos tiene que comunicarse con el condado donde el evento ocurrio o el Registro Civil del Estado de California, P.O. Box 997410, Sacramento, CA 95899

CERTIFICATE INFORMATION – INFORMACION PARA CERTIFICADO

Select one of the following – Escoge uno de lo siguiente:

Birth -Nacimiento _____ Death- Defuncion _____ Number of Copies-Numero de Copias _____

Name of Person (s) on the Record – Nombre de Persona(s) en la Acta
First-Primero _____ Middle-Segundo _____ Last-Apellido _____

Date of Birth or Death - Fecha de Nacimiento o Defuncion _____

City of Occurrence – Ciudad de Ocurrencia _____

Name of Father – Nombre del Padre _____

Maiden Name of Mother – Nombre de Soltera de La Madre _____

APPLICANT INFORMATION – INFORMACION DE APLICANTE

1. When Appearing In Person – You will be required to show government issued photo identification and sign the application under penalty of perjury in front of a member of our staff.
– Cuando Se Presenta en Persona – Usted tiene que enseñar identificacion con retrato extendido por Gobierno y firmar la aplicacion bajo castigo de perjurio en frente de empleado de esta oficina.
2. Mail requests – You will need to sign the penalty of perjury statement **in front of a notary public.** –
-Pedidos por Correo – Usted tiene que firmar la declaracion de perjurio **en frente de un notario publico.**

Name of Person Completing Form – Nombre de Persona Completando la Forma _____

Relationship to Registrant – Parentesco con la Persona registrada _____

Street Address – Numero y calle _____

City - Ciudad _____

State - Estado _____

Zip Code – Zona Postal _____

I agree not to use the above referenced record obtained from this application or any portion thereof, for fraudulent purposes. I swear under penalty of perjury that I am an authorized person, as defined in California Health & Safety Code Section 103526 ©, and am eligible to receive a certified copy of the record identified on this application form.

Sworn this _____ day of _____, _____. Signature: _____

Yo estoy de acuerdo de no usar los documentos obtenidos por esta aplicacion o cualquier informacion, para propositos de fraude. Yo juro bajo castigo de perjurio que yo soy persona autorizada, por ley en seccion 103526 delCodigo de Salud y Seguridad, y soy elijible de recibir copia certificada de la acta identificado en esta aplicacion.

Jurado este _____ dia de _____, _____. Firma: _____

BELOW SECTION FOR RECORDER'S USE ONLY

Book & Page Number _____

Certificate Number(s) _____

Type of I.D. & Identifying Numbers _____

Date Processed _____

Clerk Initials _____

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the
(Printed Name)

State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth or death record of the following individual(s):

| Name of Person on Certificate | Relationship to Person Listed on Certificate |
|-------------------------------|--|
| | |
| | |
| | |
| | |

Sworn this _____ day of _____, 200____, at _____, _____
(Day) (Month) (City) (State)

(Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)

County of _____)

On _____ before me, _____, a notary public, personally appeared _____, 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 is true and correct.

Witness my hand and official seal.

Signature _____ (Seal)