



# TULARE COUNTY APPLICATION FOR A DEATH CERTIFICATE

LRN: \_\_\_\_\_

DEATH CERTIFICATE INFORMATION:

\$24.00 PER COPY

COPIES REQUESTING: \_\_\_\_\_

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF BIRTH: \_\_\_\_\_ DATE OF DEATH : \_\_\_\_\_

STATE OF BIRTH: \_\_\_\_\_ CITY OF DEATH: \_\_\_\_\_

APPLICANT INFORMATION:

NAME: \_\_\_\_\_  
FIRST MIDDLE LASTADDRESS: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODEMAILING ADDRESS: \_\_\_\_\_  
NUMBER STREET (P.O. BOX) CITY STATE ZIP CODE

TELEPHONE NUMBER: ( ) \_\_\_\_\_ - \_\_\_\_\_

**To obtain an AUTHORIZED certified copy you must be authorized under section 103526 of the Health and Safety Code.  
If you are requesting an INFORMATIONAL copy please mark number 7. (No Sworn Statement Needed)**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Registrant or Parent<br>103526(c)(1)   | <input type="checkbox"/> 2. Court order, Attorney of Licensed Adoption Agency<br>103526(c)(2)                           |
| <input type="checkbox"/> 3. Law Enforcement, Government Agency<br>(conducting Official Business)<br>103526(c)(3) | <input type="checkbox"/> 4. Child, Grandparent, Grandchild, Sibling, Spouse,<br>Domestic Partner (SRDP)<br>103526(c)(4) |
| <input type="checkbox"/> 5. Attorney Representing Registrant etc.<br>103526(c)(5)                                | <input type="checkbox"/> 6. Funeral Director<br>103526(c)(6)  |
| <input type="checkbox"/> 7. Other, <b>INFORMATIONAL COPY ONLY</b><br>103526(b)(1)                                | <input type="checkbox"/> 8. Surviving Next of Kin, POA, Executor of Estate<br>103526(a)(6)(7)(8)                        |

**IF SUBMITTING ORDER IN PERSON, COMPLETE THIS PART IN THE PRESENCE OF A VITAL RECORDS STAFF. IF SUBMITTING BY MAIL, THIS STATEMENT MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC, MAKE CHECK OR MONEY ORDER PAYABLE TO VITAL STATISTICS AND MAIL TO: TULARE COUNTY, VITAL STATISTICS, 1150 SOUTH K STREET, TULARE, CA 93274**  
**IMPORTANT: THIS REQUEST CANNOT BE PROCESSED IF THIS SECTION IS NOT SIGNED.**

I, \_\_\_\_\_ swear under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive an **authorized** certified copy of the death record identified on this application form. Sworn this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_.

DAY MONTH YEAR CITY

Signature: \_\_\_\_\_

**CERTIFICATE OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_

Before me, \_\_\_\_\_, personally appeared \_\_\_\_\_  
(Insert name and title of the officer)

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:  
(SEAL)

SIGNATURE \_\_\_\_\_

**OFFICE USE ONLY:**

Cert #(s) \_\_\_\_\_ Amend #(s) \_\_\_\_\_ Clerk \_\_\_\_\_

Cash \_\_\_\_\_ YES Check/MO # \_\_\_\_\_ Receipt/CC # \_\_\_\_\_ Date \_\_\_\_\_