



NEVADA COUNTY  
Public Health

**MAIL-IN APPLICATION FOR AUTHORIZED  
CERTIFIED COPY OF A DEATH RECORD  
(Only for deaths that have occurred in Nevada County)**

**PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING**

<b>1</b>	<p><b>Death Certificate Information:</b> <span style="float:right"><b>Number of copies requested:</b> _____</span></p> <p>Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Date of Death: _____ City of Death: _____  <span style="margin-left: 100px;">Month, Day, Year</span></p> <p>Father's Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Mother's Maiden Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p>
<b>2</b>	<p><b>Applicant Information:</b></p> <p>Name: _____  <span style="margin-left: 100px;">First</span> <span style="margin-left: 150px;">Middle</span> <span style="margin-left: 150px;">Last</span></p> <p>Address: _____  <span style="margin-left: 100px;">Number and Street</span> <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip Code</span></p> <p>Mailing Address: _____  If different than above <span style="margin-left: 100px;">Number and Street</span> <span style="margin-left: 150px;">City</span> <span style="margin-left: 150px;">State</span> <span style="margin-left: 150px;">Zip Code</span></p> <p>Telephone Number: _(____)_____</p>
<b>3</b>	<p>To obtain an authorized Certified Copy you must be authorized under section 103526 of the Health and Safety Code. Please review the reverse side of this application to determine which section applies and check the appropriate box below</p> <p><input type="checkbox"/> 103526(c)(1)   <input type="checkbox"/> 103526(c)(2)   <input type="checkbox"/> 103526(c)(3)   <input type="checkbox"/> 103526(c)(4)   <input type="checkbox"/> 103526(c)(5)   <input type="checkbox"/> 103526(c)(6)</p>
<b>4</b>	<p>I, _____ swear under penalty of perjury that I am an authorized person, as  <span style="margin-left: 100px;">Printed Name</span></p> <p>defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the death record identified on this application form. Sworn this ____ day of _____, _____,  at _____ Signature: _____</p>
<b>5</b>	<p><b>Certificate of Acknowledgement</b></p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>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.</p> </div> <p>State of _____ County of _____</p> <p>On _____ before me, _____, personally appeared _____  personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument. WITNESS my hand and official seal.</p> <p>_____  Notary Signature <span style="float:right">(seal)</span></p>
<p><b>Office use only:</b> Certificate # _____ Paper # _____ Deputy _____</p>	

# INSTRUCTIONS TO COMPLETE MAIL-IN APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A DEATH RECORD

<b>1</b>	<p><b>Death Certificate Information:</b></p> <p>Print or type number of copies requested          Print or type name of decedent          Print or type date of death          Print or type city of death          Print or type father's name          Print or type mother's maiden name</p>
<b>2</b>	<p><b>Applicant Information:</b></p> <p>Print or type name of person ordering copy          Print or type address of person ordering copy          Print or type mailing address of person ordering copy, if different then address above          Print or type telephone number of person ordering copy, including area code</p>
<b>3</b>	<p>Using the list below check the box next to the code section in item 3 on the front of this application that authorizes you to obtain an unrestricted certified copy of a death record:</p> <p><b>103526(c)(1)</b>    The registrant or a parent or legal guardian of the registrant</p> <p><b>103526(c)(2)</b>    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 or 7603 of the Family Code.</p> <p><b>103526(c)(3)</b>    A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business</p> <p><b>103526(c)(4)</b>    A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant</p> <p><b>103526(c)(5)</b>    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</p> <p><b>103526(c)(6)</b>    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</p>
<b>4</b>	<p><b>COMPLETE THIS PART UNTIL YOU ARE WITH THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGEMENT IN ITEM 5.</b></p> <p>Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a death record to complete and sign a sworn statement under penalty of perjury.</p>
<b>5</b>	<p><b>Certificate of Acknowledgement</b></p> <p>Complete items 1 to 3 on the front of this application then bring to a notary public. Complete and sign the sworn statement in item 4 in front of the notary public. Request the notary acknowledge your signature in the sworn statement in item 4. Mail the original application with the appropriate fee to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 20px;"> <div style="width: 60%;"> <p>Nevada County Vital Records              500 Crown Point Circle, Suite 110              Grass Valley, CA 95945              (530) 265-7264</p> </div> <div style="width: 35%; border: 1px solid black; padding: 10px; text-align: center;"> <p><b>Note: Records are <u>only</u> available for deaths that have occurred in Nevada County.</b></p> </div> </div>