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.

(1) I am requesting a certified copy.				am requesting an INFORMATIONAL copy			
Decedent's Name /Nombre del Difunto				Date of Death/Fech	Number of Copies/		
	/	/		/	2021	No. de Copias	
(Last/Apellido)	(First/Primer)	(Middle/Segundo		MM DD	/ 2022		
City of Death in V	entura County/Ciudad de M	luerte en el Condado de V	/entura	Veteran's copy – C office for Veteran's I		\$24.00 per copy/ por copia	
Funeral Home/Nombre de la Funeraría						For office use only	
Mortuary phone number ()						Amount enclosed	
□ Pending copies requested □ Amended copies requested with amendment(s)						\$ □ Cash □ Check	
□ Fetal death copies requested - \$21.00 per copy							
(2) Sworn Statement (Must be completed if requesting a certified copy)						🗆 Pick up 🗆 Mail	
declare under penalty of perjury under the laws of						Cert No	
the State of California, that I am an authorized person, as defined in California Health and Safety						Receipt No	
Code Section 103526(c), and am eligible to receive a certified copy of the death record identified							
on this application.						Date issued	
Sworn this (Day)	day of,	at	(City)	,(State)		Issued by	
	(monur)					$\hfill\square$ Issued w/ amendment	
Signature	ting your order by			Decedent		Prepaid	
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 de abajo y un sobre con su dirección y estampilla.							
(3) 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							
(4) Enter name and address of applicant: (5)							
Name/Nombre If applying for INFORMATIONAL copy only, sign here:							
Street Address/Número	y Calle		-	Signature/Firma del s	solicitante	Date/Fecha	
City/Ciudad St	ate/Estado Zip/Z	ona Postal					
Telephone Number/Núr	nero de Teléfono						
			1				

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)
- The surviving competent adult person or persons respectively in the next degrees of kinship or, if there is more than one surviving competent adult person of the same degree of kinship, the majority of those persons. Less than the majority of surviving competent adult persons of the same degree of kinship shall be vested with the rights and duties of this section if those persons have used reasonable efforts to notify all other surviving competent adult persons of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult persons of the same degree of kinship.
- A conservator of the person appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
- A conservator of the estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
- 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 <u>complete all areas</u> in sections 1 and 2 and the applicant information in section 4 of the application form. If you submit your order **in person**, you must sign the sworn statement (section 2) 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 3 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 1, 4 and 5 of the application form.

Submit \$24 for each certified copy of a death certificate requested or \$21.00 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.