STANISLAUS COUNTY CLERK-RECORDER
APPLICATION FOR DEATH CERTIFICATE
$21.00 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. Complete the information below as shown on the death record, to the best of your knowledge, indicating type and number of certified copies for each record requested.

1ST RECORD REQUESTED	**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	

2ND RECORD REQUESTED	**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 –To receive an **authorized certified copy** of the record(s) requested, **indicate your relationship to the registrant(s)** by selecting from the list below and **complete the attached Sworn Statement** declaring that you are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online.

☐	A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant (decedent identified on the certificate).
☐	A party entitled to receive the record as a result of court order.
☐	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 agent or employee of a funeral establishment who acts within the scope of his or her employment and who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of Health and Safety Code §7100(a).
☐	An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100. Agent under power of attorney for health care, competent surviving spouse, surviving competent adult child, surviving competent parent, surviving competent adult sibling, surviving competent adult person respectively in the next degrees of kinship, conservator.

Part 3 – Applicant Information. Payment: Cash, Checks payable to Stanislaus County Clerk-Recorder or Money Order.

Applicant's Full Legal Name	Telephone Number ( )
Residential Address: Street Address, City, State and Zip code	
Shipping Address including City, State and Zip code (if different from above) **PO Box cannot be used for overnight delivery.**	

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

Mail: Stanislaus County Clerk-Recorder
P.O. Box 1670
Modesto, CA 95353-1670

Fax: (209) 209.525-5804

FOR OFFICIAL USE ONLY				
Driver's License / ID Number	Application processed by	Date Application Processed	LRN Certificate Number	Bond Paper Number

Sworn Statement

To obtain AUTHORIZED certified copies, the following statement must be completed by the applicant and acknowledged by a Notary Public using the certificate form provided below. Failure to submit a notarized Sworn Statement could result in processing delays. Applicants requesting only INFORMATIONAL copies do not need to complete the statement.

I, _____, declare under penalty of perjury under the laws of the State of California,
Applicant's Printed Name

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

Name of Registrant (decedent identified on the death certificate)	**Applicant's Relationship to Registrant (Must be a relationship listed in Part 2 of the application)**

(The remaining information must be completed in the presence of a Notary Public or Clerk.)

Subscribed to this _____ day of _____, _____, at _____, _____.
(Day) (Month) (Year) (City) (State)

_____
(Signature of Applicant)

Note: Certificate of Acknowledgment must be completed by the Notary Public.

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, _____, Notary Public
(Insert Name)

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 paragraph is true and correct.

WITNESS my hand and official seal.

_____ [Seal]
(Signature of Notary Public)

Instructions

As part of statewide efforts to prevent identity theft, California law 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 identity of the registrant (the decedent identified on the certificate). Only individuals who are authorized by Health and Safety Code section 103526 can obtain an authorized certified copy of a death record. (Part 2 of the application identifies the individuals who are authorized to make the request.) Applicants requesting an authorized certified copy must complete the **Sworn Statement**, declaring that they are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online.

All other individuals are issued an **informational certified copy**, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Part 1 – Death Record Information
Provide all the information you have available to identify the record. If the information provided is incomplete or inaccurate, the record might be impossible to locate. For each record requested, indicate the type (authorized or informational) and number of certified copies desired.

Part 2 – Authorized Certified Copy
To request an authorized certified copy, you (the applicant) must indicate your relationship to the registrant (the decedent identified on the certificate) and complete the Sworn Statement, declaring under penalty of perjury that you are eligible to receive the authorized certified copy. The Sworn Statement must be notarized if the application is submitted by mail, fax, or online. Applicants who cannot claim a relationship authorized by Health & Safety Code section 103526 are issued an **informational certified copy**, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

Part 3 – Applicant Information and Payment

APPLICANT 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
Mail or bring in person, the completed application along with check or money order to our office at the address shown on page 1 of the application. 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: "Stanislaus County Clerk-Recorder." A returned check fee of $20.00 will be charged on all returned checks.

PAYMENT BY CREDIT CARD
Order online at www.VitalChek.com. VitalChek is a private company that provides a secure Internet site, allowing the public to order vital records 24 hours a day. A processing fee of $7.00 applies to all credit card transactions. When ordering an **authorized certified copy** online through VitalChek, you must also **mail or fax your notarized Sworn Statement** to our office (address and fax number information shown on page 1 of the application). 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 $20.00 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.

FEES
The fee is **$21.00** for each certified copy.

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

COUNTY CLERK-RECORDER DIVISIONS:
Clerk: PO Box 1670, Modesto, CA 95353
Telephone: 209.525.5260
Facsimile: 209.525-5804
Recorder: PO Box 1008, Modesto, CA 95353
Telephone: 209.525.5270
Facsimile: 209.525-5804