ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT VITAL REGISTRATION

1000 Broadway, Suite 500 Oakland, CA 94607

Phone: (510) 267-8069 Fax: (510) 267-8073

APPLICATION FOR AUTHORIZED CERTIFIED COPY OF A DEATH RECORD

1.	Death Certificate Information:		Number of copies requested:			
	Name:	Middle		Last		
	Date of Death: Month, Day, Yea	ar	City of Death:			
2.	Mortuary Information:					
	Name: Mortuary/Funeral Home Name					
	Mailing Address:	Street	City	State	Zip Code	
	Telephone Number: () Area Code					
	Area Code	Number				
3.	To obtain an authorized certified copy you must check the appropriate box below: I am: A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant. A parent or legal guardian of the registrant.					
	A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.					
	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.					
	A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.					
	A funeral director ordering certified copies of death certificate on behalf of an individual specified above, inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.					
4.						
	Printed Name person, as defined in California Health and Safety Code Section 103525 (c) and am eligible to receive the authorized certified copy(s) of the death record identified on the application form.					
	Sworn this day of	,, at				
	Day Month	Year		City	State	
	Signature:					