



A Tradition of Stewardship
A Commitment to Service

Health and Human Services Agency
Public Health Division, Office of Vital Statistics
2751 Napa Valley Corporate Dr., Bldg. B, Napa, CA 94558
Phone: (707) 253-4506
Fax: (707) 226-6442
Office Hours: Mon-Fri 8:30-11:30am & 1:00-4:00pm



NAPA COUNTY
Health & Human
Services Agency

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD INSTRUCTIONS:

Note: Death Certificates are \$24.00 per certified copy.

When ordering by mail, send original application including sworn statement signed by a notary and appropriate fees in the form of personal check (postal or money order if outside of California) made payable to: **Napa County**

Address Completed Application to:
Office of Vital Statistics
2751 Napa Valley Corporate Drive, Bldg. B
Napa, CA 94558

Napa County Vital Records cannot be held responsible for lost, stolen, misdirected or undelivered mail. As an option, attach a paid certified envelope to ensure delivery of your request.

REQUESTER INFORMATION:

Print first and last name of person filling out the form.
Print Current address and phone number.
Print mailing address if it differs from address above.

DEATH CERTIFICATE INFORMATION:

Specify number of certificates requested. Include a payment of \$24 per certificate.
Print First, middle and last name of Decedent.
Print Date of birth and date of death and city of death for the decedent.
PLEASE SELECT ONE of the categories that authorizes you to request this certificate.

*Sworn statement, this document must be completed by a public notary.

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws
 (Applicant's Print Name)

of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the birth, death or marriage record as noted on the preceding page – and for the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must be a relationship listed on page 1 of application)

(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

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

 (Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgement below. The Certificate of Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.) Only one sworn statement is required for multiple records.

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 _____, 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



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APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

\$24 Check or Money Order Payable to: County of Napa; No Cash.

REQUESTER INFORMATION (PLEASE PRINT OR TYPE)

First and Last Name :

Address:	City:	State:	Zip Code:
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Phone Number:

Mailing Address (if different from above):

Address:	City:	State:	Zip Code:
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DECEDENT CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

FOR VETERANS – SEE SECOND PAGE.

Number of Certified Original Copies Requested:

First Name:	Middle Name:	Last Name:
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Date of Birth:	Date of Death:	City of Death:
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PLEASE SELECT ONE

Pursuant to Health and Safety Code 103526c, the following individuals are entitled to an AUTHORIZED Certified Copy of a birth record.

Parent/Legal Guardian of Registrant	Spouse/Registered Domestic Partner of Registrant
Child/Sibling of Registrant	Grandparent/Grandchild of Registrant
Attorney Representing Registrant or Registrant's Estate	Authorized by Court Order (Include copy of the Court Order)
An Agent or Employee of a Funeral Establishment (Acting within the scope of the employment and on behalf of persons specified in HSC 7100 (a)(1)-(8))	Power of Attorney/Executor of the Registrant's Estate (Include a copy of the power of attorney or documentation identifying you as executor.)
Surviving Next of Kin (specified in HSC 7100)	Law Enforcement/Govt. Agency (Conducting Official Business)

OFFICE USE ONLY

Images printed:	Check/MO:	CC:	Dollar Amount:
Certificate #:	Banknote Paper:	Deputy:	

County of Napa, Office of Vital Records cannot be held responsible for lost, stolen, misdirected or undelivered mail. As an option, attach a paid certified envelope to ensure delivery of your request.

SPECIAL NOTICE TO VETERANS

You may be eligible for a free certified copy if you are applying for a veteran's pension or certain other Veteran's Administration benefits. (Section 6107, Government Code State of California)

THIS DOES NOT APPLY TO SOCIAL SECURITY AND OTHER CIVILIAN BENEFITS, EVEN IF YOU ARE A VETERAN.

If you believe you qualify for a free certified copy under these provisions, complete the following affidavit.

I hereby apply for a free certified copy of the record as shown on the reverse side and declare under penalty of perjury that the free copy is to be furnished to:

_____ in a claim for _____
FEDERAL OR STATE AGENCY TYPE OF BENEFIT

_____ _____ _____
DATE SIGNATURE OF VETERAN OR AUTHORIZED AGENT RELATIONSHIP OF AGENT

_____ _____ _____ _____
NUMBER-STREET CITY STATE ZIP

Note: The free copy issued on this affidavit will bear the following wording: Government Copy