



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

\$24 Check or Money Order Payable to: County of Napa; Credit/Debit cards will have \$2.50 additional service fee. No Cash.

### REQUESTER INFORMATION (PLEASE PRINT OR TYPE)

First and Last Name :

Address:

City:

State:

Zip Code:

Phone Number:

Mailing Address (if different from above):

Address:

City:

State:

Zip Code:

### DECEDENT CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

#### FOR VETERANS SEE REVERSE SIDE

Number of Certified Original Copies Requested:

First Name:

Middle Name:

Last Name:

Date of Birth:

Date of Death:

City of Death:

### PLEASE SELECT ONE

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

The registrant or a parent or legal guardian of the registrant

A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant

A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.

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 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

### SIGNATURES

I (PRINT NAME) \_\_\_\_\_ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525(c), and am eligible to receive an AUTHORIZED certified copy of the death record identified on this application form. Sworn this (DATE) \_\_\_\_\_ day of (MONTH) \_\_\_\_\_, (YEAR) \_\_\_\_\_ at (CITY) \_\_\_\_\_.

Signature \_\_\_\_\_

### OFFICE USE ONLY

Images printed:

Check/MO:

CC:

Dollar Amount:

Certificate #:

Banknote Paper:

Deputy:



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## 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