



A Tradition of Stewardship  
A Commitment to Service

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

## Instructions for filling out **APPLICATION FOR CERTIFIED COPY OF Death RECORD**

Note: Death Certificates are \$21.00 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

### REQUESTER INFORMATION: PLEASE PRINT OR TYPE CLEARLY

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 \$21 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.

This sworn statement must be signed in front of and acknowledged by a notary public prior to submission. Please Note: When submitting multiple certificate requests, all must be signed; however, only one request needs to be acknowledged.

### SWORN STATEMENT

I, \_\_\_\_\_, swear under penalty of perjury under the laws

(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:	Relationship to Person Listed on Certificate:

Sworn this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.

(Day)

(Month)

(Year)

(City)

(State)

\_\_\_\_\_  
(Signature)

### 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.

(NOTARY SEAL)

\_\_\_\_\_  
NOTARY SIGNATURE



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**APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**

\$21 Check or Money Order Payable to: County of Nap. 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)

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

OFFICE USE ONLY

Images printed:

Check/MO:

CC:

Dollar Amount:

Certificate #:

Banknote Paper:

Deputy: