



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

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

\$21 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)

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 103526c, 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 party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code

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 birth 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: