



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 \$12 Burial Permits

REQUESTER INFORMATION

Funeral Home Name :

Address:

City:

State:

Zip Code:

Phone Number:

Mailing Address (if different from above):

Address:

City:

State:

Zip Code:

DECEDENT CERTIFICATE INFORMATION

Number of Certified Original Copies Requested:

First Name:

Middle Name:

Last Name:

Date of Birth:

Date of Death:

City of Death:

FUNERAL HOME

X

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: