

INSTRUCTIONS TO COMPLETE WRITTEN APPLICATION FOR UNRESTRICTED CERTIFIED COPY OF A DEATH RECORD (\$28.00 PER COPY) in ALAMEDA COUNTY

1	<p>Death Certificate Information:</p> <p>Print or type number of copies requested.</p> <p>Print or type name of deceased person.</p> <p>Print or type date of death.</p> <p>Print or type city of death.</p>
2	<p>Applicant Information:</p> <p>If you ordered online at the Alameda County website, please include the 13-digit Order Confirmation Number.</p> <p>Print or type name of person ordering copy.</p> <p>Print or type address where copy is to be delivered. Post Office Box is <u>not</u> acceptable.</p> <p>We may need to contact you regarding your certificate order.</p> <p>Print or type telephone number of person ordering copy, including area code.</p> <p>Print or type email address.</p>
3	<p>Using the list below, check the box next to the section in item 3 on the front of this application that authorizes you to obtain an unrestricted certified copy of a death record, pursuant to California Health and Safety Code Section:</p> <p>103526(c)(2)(A) A parent or legal guardian of the registrant. (Legal guardian must provide documentation.) (Name on death certificate)</p> <p>103526(c)(2)(C) A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Photo identification or a request on the agency's letterhead.)</p> <p>103526(c)(2)(D) A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.</p> <p>103526(c)(2)(E) 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. (Please include documentation identifying you as executor or supporting documentation.)</p> <p>103526(c)(3)(A) An individual described in paragraphs (1) to (8), inclusive, of subdivision (a) of Health & Safety Code Section 7100. Conservator, surviving competent adult person respectively in the next degrees of kinship. (Supporting documentation may be required).</p> <p>103526(c)(2)(F) An agent or employee of a funeral establishment who acts within the course and scope of his or her employment and 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.</p>
4	<p><u>DO NOT COMPLETE THIS PART UNTIL YOU ARE IN THE PRESENCE OF THE NOTARY PUBLIC WHO WILL PREPARE THE CERTIFICATE OF ACKNOWLEDGMENT IN ITEM 5.</u></p> <p>Section 103526 of the California Health and Safety Code requires anyone requesting an unrestricted certified copy of a death record to complete and sign a sworn statement under penalty of perjury.</p> <p>For In-Person Pickup: the person who submitted the request will be required to present official government identification and sign the statement under penalty of perjury in front of Clerk-Recorder staff.</p>
5	<p>Certificate of Acknowledgment</p> <p>Complete Items 1 to 3 on the front of this application, then take it to a notary public. Complete and sign the sworn statement in Item #4 in the presence of the notary public. Request that the notary acknowledge your signature in the sworn statement in Item #4. Mail the original application, with Sections 4 and 5 completed, and the correct fee, to:</p> <p>Alameda County Clerk/Recorder 1106 Madison Street Oakland, CA 94607 Telephone: 510.272.6362</p> <p>For Web and Phone requests, Fax a Completed and Notarized Statement to: Fax: 510.208.9957 or email to CROUpload@acgov.org</p>

Not required if picking up certificate in person.

**APPLICATION FOR UNRESTRICTED CERTIFIED COPY
OF A DEATH RECORD (\$28.00 PER COPY) in ALAMEDA COUNTY**

1	Death Certificate Information (Deceased)		Number of copies requested: _____		
	Name of Deceased: _____ Last, _____ First, _____ Middle, _____		City of Death: _____ Month/Day/Year _____		
2	Applicant Information		(If ordered online) Confirmation #: _____		
	Last Name: _____ Home Address: _____ (P.O. Box <u>not</u> acceptable) Number and Street (APT #) _____		First Name: _____ City: _____	State: _____	Zip Code: _____
	Shipping Address: _____ (If Different than home) Number and Street _____		City: _____	State: _____	Zip Code: _____
	Telephone Number: _____		Email Address: _____		
3	To obtain an Unrestricted Certified Copy the applicant must be authorized under section 103526 of the Health and Safety Code. Please review and check the appropriate box below:				
	<input type="checkbox"/> A parent or legal guardian of the registrant. (Legal guardian must provide documentation.) _____ <input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Photo identification or a request on the agency's letterhead.) _____ <input type="checkbox"/> A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant. _____ <input type="checkbox"/> 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. (Please include documentation identifying you as executor or supporting documentation.) _____ <input type="checkbox"/> An individual described in paragraphs (1) to (8), inclusive, of subdivision (a) of Health & Safety Code Section 7100. Must identify applicable authority from the code sections: _____ (Supporting documentation may be required.) _____ <input type="checkbox"/> An agent or employee of a funeral establishment who acts within the course and scope of his or her employment and 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. _____				
4	I, _____, swear under penalty of perjury that I am an authorized person, as defined in California (Print Applicant's Name) Health and Safety Code Section 103526 (c), and am eligible to receive a certified copy of the death record identified on this application form. Sworn on _____ day of _____, 20_____, at _____ Signature: _____ (City/State/Country)				
5	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.		
Not required if picking up certificate in person.	State of _____ County of _____ On _____ before me, _____, personally appeared (name and title of the officer)		_____ who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity on behalf of which the person 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:				
	Signature of Notary Public		(Notary Seal)		