



COUNTY OF LAKE
ASSESSOR-RECORDER

255 N. Forbes Street
Lakeport, California 95453
Assessor's Office 707 / 263-2302
Recorder's Office 707 / 263-2293
Fax 707 / 263-3703
Assessor@lakecountyca.gov

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD \$24.00 PER COPY

CERTIFICATE TYPE: I am requesting an AUTHORIZED COPY (notarized sworn statement required)
I am requesting an INFORMATIONAL COPY

Part 1 - Relationship to Person on Certificate (Registrant): Check appropriate box.

- A parent, legal guardian, 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...
Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant...
An attorney representing the registrant or the registrant's estate.
An agent or employee of a funeral establishment...
Surviving next of kin...
I do not qualify as an authorized requestor and am requesting a Certified Informational Copy only...

Part 2 - Death Record Information: Complete the information below as shown on the death record.

Table with columns: FIRST Name, MIDDLE Name, LAST Name, County of Death, Date of Death, Social Security Number, Date of Birth, Mother/Parent, Spouse/Domestic Partner.

Part 3 - Applicant Information: Please PRINT all information legibly

Table with columns: Applicant Name, Mailing Address, Zip Code, City, State/Province, Country, Telephone, Email Address, Reason for Request.

I declare under penalty of perjury under the laws of the State of California that the above information is true and correct.

Signature of Applicant City/State where signed Date

If applying by mail, and the applicant is an authorized requestor, the applicant's signature must be notarized and the acknowledgement must be attached to this application.

For Official Use Only: Initial of Clerk Issuing Copy, Receipt #, Certificate #, Date Copy Issued, Type Issued, Order Method, ID#, CDL, Other.

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
 (Applicant's Printed Name)

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 certificate of the following individual(s):

| Name of Person Listed on Certificate | Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application) |
|--------------------------------------|--|
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(The remaining information must be completed in the presence of a Notary Public or CDPH Vital Records staff.)

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (City) (State)

 (Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

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 _____,
 (insert name and title of the officer)

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.
 (SEAL)

 SIGNATURE OF NOTARY PUBLIC