

APPLICATION FOR CERTIFIED COPY DEATH RECORD

Sutter County Clerk-Recorder
433 Second Street, Yuba City, CA 95991
www.suttercounty.org



Please read instructions on the next page.

1	DEATH RECORD INFORMATION:	FEE \$24.00															
<div style="display: flex; justify-content: space-between;"><div>Name (as written on death certificate) _____</div><div>_____</div><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: -10px;">FirstMiddleLast</div> <div style="margin-top: 10px;">Date of Death _____</div>																	
2	COPY TYPE: <input type="checkbox"/> AUTHORIZED OR <input type="checkbox"/> INFORMATIONAL	# OF COPIES: _____															
3	REQUESTOR'S CONTACT INFORMATION <i>(For requests by mail, address below is where copy will be mailed):</i> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;">Name (and Agency Name if applicable)Phone (x x x) x x x - x x x x</div> <div style="margin-top: 10px;">Street Address _____</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>_____</div><div>_____</div><div>_____</div></div> <div style="display: flex; justify-content: space-between; font-size: small; margin-top: -10px;">CityStateZip</div>																
4	RELATIONSHIP TO THE PERSON LISTED ON THE DEATH RECORD <i>(for Authorized Copies only):</i> <small>California Health & Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified Copies of Vital Records. Those who are not authorized will receive an Informational Certified Copy marked "INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY."</small> To obtain AUTHORIZED Copy, mark your relationship to the person on record below: <table style="width: 100%; border: none;"><tr><td><input type="checkbox"/> Registrant (name on record)</td><td><input type="checkbox"/> Parent/Legal Guardian</td><td><input type="checkbox"/> Grandparent/Grandchild</td></tr><tr><td><input type="checkbox"/> Spouse/Domestic Partner</td><td><input type="checkbox"/> Sibling</td><td><input type="checkbox"/> Child</td></tr><tr><td><input type="checkbox"/> Next of Kin</td><td><input type="checkbox"/> Conservator</td><td><input type="checkbox"/> Attorney of Record</td></tr><tr><td><input type="checkbox"/> Law Enforcement/Govt Agency</td><td><input type="checkbox"/> Licensed Adoption Agency</td><td><input type="checkbox"/> Authorized by Court Order</td></tr><tr><td colspan="3"><input type="checkbox"/> Agent/Employee Funeral Establish.</td></tr></table>		<input type="checkbox"/> Registrant (name on record)	<input type="checkbox"/> Parent/Legal Guardian	<input type="checkbox"/> Grandparent/Grandchild	<input type="checkbox"/> Spouse/Domestic Partner	<input type="checkbox"/> Sibling	<input type="checkbox"/> Child	<input type="checkbox"/> Next of Kin	<input type="checkbox"/> Conservator	<input type="checkbox"/> Attorney of Record	<input type="checkbox"/> Law Enforcement/Govt Agency	<input type="checkbox"/> Licensed Adoption Agency	<input type="checkbox"/> Authorized by Court Order	<input type="checkbox"/> Agent/Employee Funeral Establish.		
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5	SWORN STATEMENT <i>(for Authorized Copies only):</i> <div style="margin-top: 10px;">I, _____ declare under <div style="text-align: center; font-size: small;">(Print Full Name)</div>penalty of perjury under the laws of State of California, that I am an authorized person and eligible to receive a certified copy of the death record described in section 1 above.</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Sworn _____ <div style="text-align: center; font-size: small;">Date (mm/dd/yyyy)</div></div><div>At _____ <div style="text-align: center; font-size: small;">City, State</div></div><div style="margin-top: 10px;">Signed _____ <div style="text-align: center; font-size: small;">Applicant Signature</div></div></div>																

OFFICE USE ONLY

ID # _____

Expiration Date _____

Rev. 1/2022

REQUESTING A DEATH RECORD IN PERSON

1. Complete the APPLICATION FOR CERTIFIED COPY - DEATH RECORD (also available in the office).
2. Bring ID.
3. Come to the Sutter County Clerk-Recorder office during regular business hours and submit your application. Most applications can be processed upon submission. Payments must be in the form of cash, check, or money order. Debit and credit card services are available for an additional \$2.50 convenience fee.

REQUESTING A DEATH RECORD BY MAIL

1. Complete the APPLICATION FOR CERTIFIED COPY - DEATH RECORD.
 - **For AUTHORIZED COPY:** Complete the Sworn Statement in front of a notary public and include the Notary Acknowledgement with application (*form provided below*).
 - **For INFORMATIONAL COPY:** Sworn Statement and Notary Acknowledgement are NOT required. (*Informational copies cannot be used to obtain passports or used with DMV.*)
2. Include a check or money order payable to "Sutter County Clerk Recorder" for the appropriate amount.
3. Mail the application and payment to the address below. To ensure accurate delivery, include a self-addressed stamped envelope.

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433 Second Street
Yuba City, CA 95991

For Expedited Service: Mail completed application and payment in an *Overnight Express* envelope and include a prepaid, self-addressed *Overnight Express* envelope for return service.

NOTARY ACKNOWLEDGEMENT (*for mail in requests ONLY*)

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 _____) ss.

County of _____)

On _____ before me, _____, a Notary Public, personally appeared _____ 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 upon 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: _____

(seal)