

TULARE COUNTY CLERK-RECORDER - APPLICATION FOR DEATH RECORD

PLEASE READ THE ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an AUTHORIZED Certified Copy of a death record.


- ◆ The registrant or a parent or legal guardian 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 death 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.
- ◆ A child, grandparent, grandchild, sibling, spouse or domestic partner of the registrant.
- ◆ 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.

Those who are not authorized may receive an INFORMATIONAL Certified Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" imprinted across the face of the copy.

MAIL REQUESTS MUST BE ACCOMPANIED BY A NOTORIZED CERTIFICATE OF IDENTITY

I am requesting an AUTHORIZED copy

I am requesting an INFORMATIONAL copy

DATE OF BIRTH - FECHA DE NACIMIENTO	NUMBER OF COPIES NUMERO DE COPIAS		CLERK-RECORDER USE ONLY												
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Month/Mes</td> <td style="width: 33%; border: none;">Day/Dia</td> <td style="width: 34%; border: none;">Year/Año</td> </tr> </table>	Month/Mes	Day/Dia	Year/Año												
Month/Mes	Day/Dia	Year/Año													
Date of Death - Fecha De Nacimiento			Certificate : _____												
NAME OF DECEASED (first, middle, last) - NOMBRE DE DIFUNTO (primer, segundo, apellido)			Book#: _____ Page#: _____												
CITY OF DEATH - CIUDAD DE DEFUNCION			A/C: _____												
RELATIONSHIP TO REGISTRANT (SEE ABOVE) - RECACION A REGISTRANTE															
<p>I _____ 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.</p> <p>Sworn this _____ day of _____, _____ at _____</p> <p>Signature _____</p>			<input type="checkbox"/> Imaged <input type="checkbox"/> Informational <input type="checkbox"/> For Gov't Use Only <input type="checkbox"/> No Record <input type="checkbox"/> Free												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;">NAME - NOMBRE</td> </tr> <tr> <td colspan="3" style="padding: 2px;">STREET ADDRESS - NUMERO Y CALLE</td> </tr> <tr> <td style="padding: 2px;">CITY - CIUDAD</td> <td style="padding: 2px;">STATE - ESTADO</td> <td style="padding: 2px;">ZIP - ZONA POSTAL</td> </tr> <tr> <td colspan="3" style="padding: 2px;">PHONE NUMBER - NO DE TELEFONO</td> </tr> </table>			NAME - NOMBRE			STREET ADDRESS - NUMERO Y CALLE			CITY - CIUDAD	STATE - ESTADO	ZIP - ZONA POSTAL	PHONE NUMBER - NO DE TELEFONO			
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PHONE NUMBER - NO DE TELEFONO															
DL/ID _____		Expires _____													
			BN#:												

INFORMATION: Death records have been maintained in the Tulare County Clerk-Recorder's Office since 1873.

INSTRUCTIONS:

1. If you submit your order in person, you must sign a sworn statement in the presence of Tulare County Clerk-Recorder's staff. If you submit your request by mail, you must send the completed application that has been signed along with the Certificate of Identity statement that has been signed in the presence of a Notary Public.

2. PLEASE NOTE: Only one notarized Certificate of Identity statement is required for multiple certificates requested at the same time; however, the Certificate of Identity statement must include the name of each individual whose death certificate you wish to obtain and your relationship to that individual.

(Note: a funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5) inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement).

3. Use a separate application form for each different record of death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the Certificate of Identity statement).

4. Complete the Application and give all the information you have available to identify the record of the decedent. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.

5. Submit \$13 for each certified copy requested. If no record of the death is found, the \$13 fee will be retained for searching as required by statute and a Certificate of No Public Record will be issued. If you are mailing your request, indicate the number of certified copies you are requesting and include your payment with this application, in the form of a personal check, postal or bank money order (International Money Order only for out-of-country requests), made payable to:

**TULARE COUNTY CLERK-RECORDER
221 S MOONEY BLVD. RM 105
VISALIA , CA 93291-4593**

