APPLICATION FOR DEATH CERTIFICATE

Fee: $24.00 each copy

Colusa County Public Health
251 E. Webster St, Colusa, CA 95932 Phone:
(530) 458-0380 Fax: (530) 458-4136

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 by law to receive an Authorized Certified Copy will receive an Informational Certified Copy marked "INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY."

What type of copy are you requesting: ☐ **AUTHORIZED** complete 1, 2, & 4, notarize if mailing **or** ☐ **INFORMATIONAL** complete 1, 2, & 3

1. Death Certificate Information:

Decedent's Last name _____, First & middle name _____

Date of death _____-_____-_____ (Month - Day - Year) Number of copies _____

2. Applicant Information (Person Making Request):

Name of Applicant: _____ Telephone Number _____-_____-_____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

3. INFORMATIONAL certified copy: Informational copies do not require a notary acknowledgment and will have the following watermark : *"INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY."*

Sign here for an informational copy ✗_____
Applicant signature

4. AUTHORIZED certified copy: **MARK THE BOX THAT DESCRIBES YOUR RELATIONSHIP TO THE DECEDENT**
If none apply, you are not eligible to receive an authorized certified copy and may opt to buy an informational certified copy

☐ Child ☐ Sibling
☐ Spouse/Domestic Partner
☐ Grandparent/Grandchild
☐ Parent/Legal Guardian
☐ Law Enforcement/Govt Agency
☐ Authorized by Court Order
☐ Agent/Employee Funeral Establishment (within scope of their employment)
☐ 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.
☐ An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100. ***See page 1 for list of individuals***

CERTIFICATION : I, _____ swear (or affirm) under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health & Safety Code Section 103526 (c), and eligible to receive an Authorized Certified copy of the vital record identified on this application form.

Sworn this _____ day of _____, 20____, at _____ ✗_____
City & State **Applicant Signature**

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 _____) ss.
County of _____)

On _____ before me, _____(insert name and title of the officer) personally appeared _____, 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 _____

APPLICATION FOR DEATH CERTIFICATE - INSTRUCTIONS
We can only provide copies for deaths that occurred in Colusa County

COUNTY OF COLUSA

INSTRUCTIONS FOR REQUESTING A DEATH RECORD IN PERSON

1. Go to the Colusa County Public Health Office located at 251 E. Webster St, Colusa CA 95932.

2. Complete the Application form for a Death Certificate Request, also available in the office.

3. Public counter is open and available for processing between 8:30 am to 4:00 pm, Monday through Friday and through the lunch hour. Most applications can be processed upon submission. Payments must be in the form of cash, check or money order. **Debit and credit card payments cannot be accepted.**

INSTRUCTIONS FOR REQUESTING A DEATH RECORD BY MAIL

1. Complete the Application form for a Death Certificate Request.

2. If requesting an: **Authorized Certified Copy**, the Notary Acknowledgement must be completed by a Notary Public.

   Informational Certified Copy, the Notary Acknowledgement does not have to be completed. *Please be aware that the Informational Certified Copy may not be accepted by all parties. It is up to the applicant to determine if they need an Informational Certified Copy or an Authorized Certified Copy.*

3. Death Certificates are $24 per copy. Enclose a check or money order payable to "Colusa County Public Health" for the appropriate amount.

4. Please include a self-addressed stamped envelope for accurate service. Allow at least 7 working days to receive your Certified Copy in the mail.

5. Mail the application and payment to the following address:

   Colusa County Public Health
   251 E. Webster St,
   Colusa, CA 95932

For Expedited Service:
Mail the completed application and payment in an *Overnight Express* envelope and include a prepaid *Overnight Express* envelope inside to be returned to you.

*An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100.
Agent under power of attorney for health care,
competent surviving spouse,
surviving competent adult child,
surviving competent parent,
surviving competent adult sibling,
surviving competent adult person respectively in the next degrees of kinship,
conservator of the person – pursuant to Part 3 of Division 4 of the Probate code (com. §18100)
conservator of the estate – pursuant to Part 3 of Division 4 of the Probate code (com. §18100)