



## County Clerk - Recorder and Registrar of Voters

200 West 4th Street, Madera CA 93637

Clerk (559) 675-7721; Recorder (559) 675-7724; Elections (559) 675-7721;  
or Toll Free 1-800-435-0509; Fax (559) 675-7870

**Rebecca Martinez, County Clerk-Recorder & Registrar of Voters**

### APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

#### INSTRUCTIONS:

1. If you are requesting a regular **CERTIFIED COPY**, *complete the entire form*. If you are requesting a certified **INFORMATIONAL COPY**, *complete only the Applicant Information and Decedent Information portions* of this form.
2. If you submit your order in person, you must sign a sworn statement in the presence of County Recorder's staff. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **PLEASE NOTE:** *Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth 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 sworn statement).
4. Complete the **APPLICANT INFORMATION** section and provide your signature where indicated. Give all the information you have available to identify the record of the registrant in the spaces under Decedent Information. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
5. Submit \$21 for each certified copy request. If no record of birth is found, the \$21 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 wish and include sufficient money with this application, **in the form of a money order**, made payable to the Madera County Recorder. Mail this application and the fee(s) to the Madera County Recorder, 200 West 4th Street, Madera, CA 93637.

**IMPORTANT:** If a personal check is submitted instead of a money order, processing time will be 15 business days.

**NOTICE: the attached sworn statement must accompany Orders received by mail.**  
**(See cover page for instructions).**

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below, to receive certified copies of death records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”**. Please indicate whether you would like a Certified Copy or a certified Informational Copy.

<input type="checkbox"/> I would like a Certified Copy of the record identified on the application form. (In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below)	<input type="checkbox"/> I would like a certified Informational Copy of the record identified on the application form. (You are not required to select from the list below)
---	---

I am,

A parent or a 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.

A Funeral Director ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

**APPLICANT INFORMATION (Please Print or Type)**

Printed Name of Person Requesting Record:	Signature:	Date:	Telephone #
Street Address:	City:	State:	Zip Code:
Name of Person Receiving Copies (if different):	Number of Copies Requested (at \$21 each)	Amount Due	Amount Submitted
Mailing Address for Copies (if different)	City:	State:	Zip Code:

**DECEDENT INFORMATION (Please Print or Type)**

Name of Decedent - First Name	Name of Decedent - Middle Name	Name of Decedent - Last Name
Name of Spouse	Mother's Maiden Name	
Date of Death	Place of Death (City or Town)	Place of Death - County MADERA
Date of Birth	Sex (Check one): <input type="checkbox"/> Male <input type="checkbox"/> Female	

SWORN STATEMENT

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of  
(Applicant's printed Name)

California, 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

(The remaining information must be completed in the presence of a Notary Public or other authorized officer)

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in the city of \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
(Applicant's Signature)

**Note: if submitting your order by mail or FAX, 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.)**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed this document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT

State of \_\_\_\_\_)

County of \_\_\_\_\_)

On \_\_\_\_\_, before me, \_\_\_\_\_, 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 official seal

(SEAL)

\_\_\_\_\_  
Signature Title