

**Plumas County Application for a Certified Copy
Death Record Fee: \$26.00 per copy
Submit Check or Money Order - Do Not Send Cash**

Office Use Only
Book: _____ Page: _____
Certificate Number: _____

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of death records. All others will be issued **Certified Informational Copies** marked with the legend, "Informational, Not A Valid Document to Establish Identity."

SELECT TYPE OF CERTIFIED COPY REQUESTED:

I would like a **Certified Copy**.

This copy will establish the identity of the registrant. (To receive a Certified Copy you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT** by selecting from the list below **AND COMPLETE THE ATTACHED SWEORN STATEMENT** declaring that you are eligible to receive the Certified Copy. The Sworn Statement **MUST BE NOTARIZED** if the application is submitted by mail **unless you are a law enforcement or local or state governmental agency**.)

I would like a **Certified Informational Copy**.

This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." (A sworn statement does not need to be provided.)

Note: Both documents are certified copies of the original document on file with our office. With the exception of the legend, and redaction of signatures and Social Security Number, the documents contain the exact same information.

To receive a Certified Copy I am:

- The registrant (person listed on the certificate) or a parent or legal guardian of the registrant.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of a court order (**attached**), an attorney or a licensed adoption agency seeking a birth 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. (Companies representing a government agency must provide authorization from the government agency.)
- An attorney representing the registrant or the registrant's estate, or any person or agency empowered by the statuette or appointed by a court to act on behalf of the registrant or the registrant's estate. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)
- 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 degree of kinship, conservator.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name (Person Completing Application)	Signature (Person Completing Application)	Today's date	Telephone Number ()
Address – Number, Street	City, State, Zip Code		Driver License Number
Name of Person Receiving Copies, if Different from Above		Number of Copies	Amount Enclosed
Mailing Address for Copies, if Different from Above	City, State, Zip Code		

DEATH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Decedent - First Name	Decedent - Middle Name	Decedent - Last Name
Date of Death - Month, Day, Year	City of Death	
Date of Birth- Month, Day, Year		State of Birth
Parent - Full Birth Name (First, Middle, Last)		Spouse/Domestic Partner (First, Middle, Last)
Social Security Number of Decedent		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the

(Applicant's Printed name)

State of 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, marriage or death record of the following individual(s).

Name of Person Listed on Certificate	Relationship to Person Listed on Certificate

(The remaining information must be completed in the presence of a Notary Public or Plumas County Clerk-Recorder staff.)

Subscribed to this _____ day of _____, 20____, at _____, _____
(Day) (Month) (Year) (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. A notary public must complete the certificate of acknowledgment. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

Certificate of Acknowledgement

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, _____, notary public, 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.

Notary Signature