



OFFICE OF THE COUNTY OF TULARE
ASSESSOR/CLERK-RECORDER

221 S. Mooney Blvd. • Room 105 • Visalia, CA 93291

Tara K. Freitas, CPA
Assessor/Clerk-Recorder

Application for Death Record

Please read the instructions carefully before completing this application.

Please have your ID ready if you are submitting this form in person.

Pursuant to Health and Safety Code 103526, the following individuals are entitled to an **authorized** certified copy of a 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," printed on the copy. Informational copies do not require notarization.

Mail requests for authorized copies must be accompanied by a notarized certificate of identity.

I am requesting an AUTHORIZED copy

I am requesting an INFORMATIONAL copy

Number of copies

1	Date of Death - <i>Fecha defuncion</i>		
	Month - <i>Mes</i>	Day - <i>Dia</i>	Year - <i>Ano</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

2	City of Death - <i>Ciudad de defuncion</i>
	<input type="text"/>

3	Name of deceased - <i>Nombre de difunto</i>		
	First - <i>Primer nombre</i>	Middle - <i>Segundo nombre</i>	Last - <i>Apellido</i>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

4	Relationship to person listed in Section 3 - <i>Relacion de persona en numero 3 seccion</i>
	<input type="text"/>

5	Contact Information (please complete)
	Name: <input type="text"/>
	Mailing Address: <input type="text"/>
	City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>
	Phone Number: <input type="text"/>

Clerk-Recorder Use Only	
Authorized Copy:	<input type="text"/>
Informational Copy:	<input type="text"/>
Number of Copies:	<input type="text"/>
Certificate:	<input type="text"/>
Book:	<input type="text"/>
Page:	<input type="text"/>
Info:	<input type="text"/>
Imaged:	<input type="text"/>
Free:	<input type="text"/>
No Record:	<input type="text"/>
Gov't Use:	<input type="text"/>
A/C:	<input type="text"/>
B/N:	<input type="text"/>

6	Sworn Statement (please complete)
	I <input type="text"/> swear (or affirm) that I am an authorized <small>Print full name - <i>Nombre completo</i></small>
	person, as defined in California Health and Safety Code Section 103526(c), and am eligible to receive an AUTHORIZED certified copy of the record identified on this application form.
	Sworn this date <input type="text"/> , <input type="text"/> , <input type="text"/> <small>Day - <i>Dia</i> Month - <i>Mes</i> Year - <i>Ano</i></small>
	at <input type="text"/> . <small>City and state - <i>Ciudad y estado</i></small>
	Signature - <i>Firma</i> : <input type="text"/>

Driver's License or ID#: Exp:



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CERTIFICATE OF IDENTITY - BIRTH, DEATH AND MARRIAGE

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Birth, Death or Marriage Certificate. You must be one of the following to receive an authorized copy of a birth, death or marriage certificate: individual named on the certificate, parent, legal guardian/custodian, grandparent, grandchild, child, sibling, spouse/domestic partner, attorney for individual/estate of individual or representative of an adoption agency.

This certificate must be signed in the presence of a Notary.

Table with 2 columns: Name on Certificate, Relationship. Includes a row for Name of Requestor* - Please print and Signature of Requestor*.

* Requestor must be the person who signed sworn statement on accompanying Application(s)

Please indicate the total number of certificates requested: _____

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, _____ personally appeared _____
(name and title of officer) (insert name of person signing)

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.

Signature _____ (seal)

INSTRUCTIONS

TULARE COUNTY CLERK-RECORDER APPLICATION FOR DEATH RECORD

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

1. You must complete the Application for Death Record, and give all the information you have when you submit your request by mail. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. You must sign the Sworn Statement, 2nd page, and you must also sign the Certificate of Identity, 3rd page, in the presence of a Notary Public. You must complete the Application for Death Record, and give all the information you have when you submit your request by mail. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record. You must sign the Sworn Statement, 2nd page, and you must also sign the Certificate of Identity, 3rd page, in the presence of a Notary Public.

PLEASE NOTE: Only one notarized Certificate of Identity is required for multiple certificates requested at the same time. However, the Certificate of Identity must include the name of each individual whose death certificate you wish to obtain and your relationship to that individual. If you are not an authorized person, an INFORMATIONAL CERTIFIED COPY will be issued. Please see page 1 of the application for authorized person information.

2. Use a separate Application form (2nd page only) for each different certified death record you are requesting, and remember to identify each separate certificate name requested on the Certificate of Identity (3rd page of the application).
3. Submit \$24.00 for each certified copy requested. If no record of the death is found, the \$24.00 fee will be retained for searching as required by statute (Health and Safety Code Section 103650), and a Certificate of No Record will be issued. 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

Note: Credit Card orders may be processed online at www.vitalchek.com. Additional costs apply for processing orders using a credit card. Please follow the directions on the VitalChek website if using a credit card.