

INFORMATION: The Tel records you must contact the Sacramento, CA 95899. Cal application to received certifi receive a certified information IDENTITY." Please indication	e county in which ifornia law (Hea fied copies of de onal copy with th	h the event took lth & Safety Coc ath records. Tho ne legend, "INF	place or le Sectio se who a ORMAT	contac on 103 are not FION	et the Stat 526), perf authorize AL, NOT	te Office mits only ed by law	of Vital authoriz to receiv	Records, ed indiv ve an aut	P.O. Box 9 iduals as lis horized cer	997410, ated on the tified copy will	
I am requesting a Certified Authorized copy				I am requesting a Certified Informational copy							
Note: Both documents are co legend and redaction of sign						Fehama (County R	ecorder.	With the ex	cception of the	
To receive an Authorized co Parent/Legal Guardian or Spouse/Registered Dome An attorney representing Surviving Next of Kin (s An Agent or Employee of Power of Attorney/Exect	f Registrant estic Partner of F g Registrant or R specified in HSC§ of a Funeral Esta	Registrant Registrant's Estat 7100) blishment (Actin	e	Grand Autho Law Child the sco	lparent/G prized by Enforcem /Sibling c pe of empl	randchild Court Or nent/Gove of Registr	d of Regi rder (must t. Agency rant nd on beha	strant t have cop 7 (Conduc alf of pers	by of order.) cting Official sons specified	d in HSC §7100)	
Death Record Informa	ation (Complet	e the information	n below	as sho	wn on the	e death re	cord, to t	he best	of your kno	wledge.)	
Name of Decedent - First	me of Decedent - First Middle						Last				
Date of Death		City of Death					Number of Copies				
Mother/Parent Name (First, Middle, Last)				Father/Parent Name (First, Middle, Last)							
Applicant Information	1										
 When Appearing In Perpenalty of perjury in fro Mail requests – You will instructions on notary p 	ont of a member	of our staff.	-		-			-			
Name of Person Completing Form				Telephone Number							
Street Address			City	City			State	Zip Code			
I agree not to use the above a under penalty of perjury that eligible to receive a certified	t I am an authori	zed person, as de	efined in	Califo	ornia Hea						
Sworn thisday of Signature:											
	BELOV	V SECTION	FOR F	RECO	ORDER	'S USI	E ONL	Y			
Book & Page Number	Book & Page Number Bank Note Paper Number(s)				Type of I.D. & Identifying Numbers				Processed	Clerk Initials	
:\Forms\Vital record applicationDeath2018.doc PLEASE CONTINUE ON BACK								Revised 12/28/2021			

INSTRUCTIONS: Use a separate blank application for each record requested. All sections must be completed in their entirety. Please send \$24.00 for each death certificate requested. If no record is found, the fee will be retained for searching as required by statute and a "Certification of No Record" will be sent.

PAYMENT OPTIONS:

Mail Orders – Check or money order. Include with this application sufficient money, in the form of a personal check, postal or bank money order, made payable to the "County of Tehama". Mail this application, sworn notarized statement, along with the fee to the Tehama County Clerk-Recorder's Office, P.O. Box 250, Red Bluff, CA 96080. Please allow 5-10 business days for processing.

Walk-in customers – Check, money order or cash, (same day service)

AUTHORIZED PERSONS: To obtain an Unrestricted Certified Copy of a death record you must be the parent or legal guardian, a child, grandparent, grandchild, sibling, spouse or domestic partner or a funeral director acting on behalf of the registrant. You may also receive the record as a result of a court order, or as an attorney acting on behalf of the registrant or registrant's estate, surviving next of kin, appointed by court to act on behalf of the registrant or registrant or a member of law enforcement or governmental agency who is conducting official business is an authorized person.

Those who are not authorized by law to receive an authorized certified copy will receive a certified informational copy with the legend, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

If you are submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below

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.

CERTIFICATE OF ACKNOWLEDGEMENT

 State of _____)

)SS

 County of _____)

On ______ before me, ______ personally appeared ______ who proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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