



MONO COUNTY APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a law (effective July 1, 2003) changed the way certified copies of death certificates are issued. Certified copies to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued Certified Informational Copies that are not valid to establish identity.

<input type="checkbox"/> I would like a CERTIFIED COPY of the record identified on this application. In order to receive a Certified Copy, you must indicate your relationship to the person named on the certificate by selecting from the list below. (Sworn Statement must be NOTARIZED if this application is submitted by mail.)	<input type="checkbox"/> I would like a Certified INFORMATIONAL COPY of the record identified on this application.
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To receive a certified copy, I am:

- A parent or legal guardian** of the registrant (person listed on the certificate).
- A party entitled to receive the record** as a result of a court order.
- 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 registrant.**
- An attorney** representing the registrant or the registrant's estate, or any person or agency empowered by stature or appointed by a court to act on behalf of the registrant or the registrant's estate.
- Any agent or employee of a funeral establishment** who acts within the course and scope of his/her employment and who orders 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	Phone Number	Daytime Contact #	Email address
Signature of Person Requesting Record	Today's Date	Person receiving copies, if not requestor	
Mailing Address	City	State	Zip

DECEDENT INFORMATION (Please print or type)

Name of Decedent -	First	Middle	Last
Social Security #	County of Death	Date of Death (or period of years to be searched)	
Spouse's Name -	First	Middle	Last
Mother's Maiden Name -	First	Middle	Last

INSTRUCTIONS

Number of Copies Requested. Send fee of **\$21** for each. Number of Copies ___ X \$21.00 = _____ Total \$ Sent

Send Sworn Statement. It must be notarized if application is mailed.

Mail Request and Payment to:

Mono County Vital Records
Attn: Debra
PO Box 237
Bridgeport, CA 93517

CLERKS USE ONLY	
Date copies mailed	_____
Certificates used	_____
Record Number	_____