

Ventura County Public Health  
Office of Vital Records 2240 E. Gonzales Road, Suite 150 Oxnard, Ca. 93036

**Application for Certified or Informational Copy of Death Certificate**

**PLEASE READ THE INFORMATION AND INSTRUCTIONS ON THE BACK OF THIS FORM BEFORE COMPLETING THIS APPLICATION.**

**(1)**  I am requesting a certified copy.  I am requesting an INFORMATIONAL copy

Decedent's Name /Nombre del Difunto (Last/Apellido) / (First/Primer) / (Middle/Segundo Nombre)		Date of Death/Fecha de Muerte MM / DD / 2024 2025	Number of Copies/ No. de Copias _____
City of Death in Ventura County/Ciudad de Muerte en el Condado de Ventura		<input type="checkbox"/> Veteran's copy – Ordered via VA office for Veteran's benefits only	\$24.00 per copy/ por copia
Funeral Home/Nombre de la Funeraria Mortuary phone number ( )		For office use only Amount enclosed \$ _____	
<input type="checkbox"/> Pending copies requested <input type="checkbox"/> Amended copies requested with ___ amendment(s) <input type="checkbox"/> Fetal death copies requested - \$21.00 per copy		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> MO <input type="checkbox"/> CC <input type="checkbox"/> Pick up <input type="checkbox"/> Mail	
<b>(2) Sworn Statement (Must be completed if requesting a certified copy)</b> I _____ declare under penalty of perjury under the laws of the 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 death record identified on this application. Sworn this ____ day of _____, ____ at _____, _____. (Day) (Month) (Year) (City) (State) Signature _____ Relationship to Decedent _____		Cert No. _____ Receipt No. _____ Date issued _____ Issued by _____ <input type="checkbox"/> Issued w/ amendment <input type="checkbox"/> Prepaid	

**Note: If submitting your order by mail, you must submit a self-addressed, stamped envelope and have your sworn statement notarized using the Certificate of Acknowledgment below.**  
**Nota: Si envié su orden por correo, necesita la declaración notariada, usando el Certificado de Consentimiento de abajo y un sobre con su dirección y estampilla.**

**(3) CERTIFICATE OF ACKNOWLEDGMENT**

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 \_\_\_\_\_  
(insert name and title of officer) (name of subscribing witness)

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 Seal)

\_\_\_\_\_  
Signature of Notary Public

**(4) Enter name and address of applicant:**

Name/Nombre		
Street Address/Domicilio		
City/Ciudad	State/Estado	Zip/Zona Postal
Telephone Number/Número de Teléfono		

**(5)**

**If applying for INFORMATIONAL copy only, sign here:**

\_\_\_\_\_  
Signature/Firma del solicitante      Date/Fecha

**Please note: You must submit a self-addressed, stamped envelope with your order.** The Vital Records office is **not** responsible for replacement of items that are lost in the mail.

**INFORMATION:** The Vital Records Office retains birth and death records for the **current year and one year prior only**. Events occurring in Ventura County for all other years must be obtained from the Ventura County Recorder's office. Applicants **must present** a current valid, government issued **photo identification** for the purchase of certified copies of birth or death records.

You may be eligible for a free certified copy if you are applying for a Veteran's pension or certain other Veteran's benefits per Section 6107 of the Government Code of the State of California. This does not apply to Social Security and other civilian benefits even if you are a Veteran. The copy issued for this purpose will bear the following wording: "This certified copy has been issued free of charge on the declaration under penalty of perjury that it is to be used in a claim to the Federal Government or the State of California for Veteran's benefits." **This copy will be issued to the Veteran's Administration office making the determination of eligibility for benefits.**

**INSTRUCTIONS:** Pursuant to Health and Safety Code 103526, the following individuals are entitled to a Certified Copy of a death record:

- The registrant or a parent or legal guardian of the registrant (Legal guardian must provide documentation)
- A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 7603 of the Family Code (Please include a copy of the court order)
- A member of a law enforcement agency or a representative of another government agency, as provided by law, who is conducting official business (Companies representing a government agency must provide authorization from the government agency)
- 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 ((Include a copy of the power of attorney or supporting documentation identifying you as executor)
- The surviving competent adult person or persons respectively in the next degrees of kinship or, if there is more than one surviving competent adult person of the same degree of kinship, the majority of those persons. Less than the majority of surviving competent adult persons of the same degree of kinship shall be vested with the rights and duties of this section if those persons have used reasonable efforts to notify all other surviving competent adult persons of the same degree of kinship of their instructions and are not aware of any opposition to those instructions by the majority of all surviving competent adult persons of the same degree of kinship.
- A conservator of the person appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
- A conservator of the estate appointed under Part 3 (commencing with Section 1800) of Division 4 of the Probate Code when the decedent has sufficient assets.
- 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" imprinted across the face of the copy.

If you are requesting an authorized **Certified Copy**, please complete all areas in sections 1 and 2 and the applicant information in section 4 of the application form. If you submit your order **in person**, you must sign the sworn statement (section 2) in the presence of Office of Vital Records staff. If you submit your request **by mail**, you must sign the statement in the presence of a Notary Public who will complete section 3 of the application form. Note: A funeral director ordering copies on behalf of an individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 if the Health and Safety Code is not required to complete the notarized statement.

If you are requesting a certified **Informational Copy**, complete only sections 1, 4 and 5 of the application form.

Submit \$24 for each certified copy of a death certificate requested or \$21.00 for each certified copy of a fetal death certificate. If no record of the death is found, the fee paid for one certified copy will be retained for search of files 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 are purchasing and include sufficient money with this application, in the form of a personal check, postal or bank money order made payable to Ventura County Vital Records. Mail this application with the fee(s) and a self-addressed, stamped envelope to Ventura County Vital Records, 2240 E. Gonzales Road, Suite 150, Oxnard, Ca. 93036.