

**FUNERAL HOME APPLICATION FOR
CERTIFIED COPY OF A DEATH RECORD
AND APPLICABLE FEES**

LFN# _____

1	<p>Funeral Home Information:</p> <p>Funeral Home Name: _____ Location _____</p> <p>Name of staff placing order: _____</p> <p>Address: _____ Number and Street, City, State and Zip Code</p> <p>Telephone Number with area code: (____) _____</p> <p>Funeral Home Mailing Address: _____ (If different than above) Number and Street, City, State and Zip Code</p>
2	<p>Decedent Information:</p> <p>Name: _____ First Middle Last</p> <p>Date of Death: _____ City of Death: _____ Month, Day, Year</p>
3	<p>Order Information: If certificate cause of death is "Pending", do you want certificate: Yes ____ No ____ Note: If no, your order will be returned. We do not hold orders.</p> <p>Type of Certificate:</p> <p>Death Certificate \$24.00 each Number of copies requested: _____ Total: _____</p> <p>Fetal Death Certificate \$21.00 each Number of copies requested: _____ Total: _____</p> <p>Disposition Permit \$12.00 each Number of permits requested: _____ Total: _____</p> <p style="text-align: right;">Total: _____</p> <p>Per California Health and Safety Code, Section 103526, only "Authorized Individuals" can receive regular certified copies of death records Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraph (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code</p>
4	<p>I, _____, declare under penalty of perjury under the laws of the State of California, Printed Name</p> <p>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 of the identified person on this application form.</p> <p>Sworn this _____ day of _____, _____, at Fresno, CA (Day) (Month) (Year)</p> <p>Signature: _____</p>
5	<p>Receipt of Order (do not sign until order is received)</p> <p>Signature of staff picking up certificate _____ Date _____</p> <p>Office use only:</p> <p>Cash _____ Credit _____ Check/Money Order # _____ Mail _____</p>