**FUNERAL HOME INFORMATION:**

FUNERAL HOME NAME: 

MAILING ADDRESS:

TELEPHONE NUMBER:STAFF PLACING ORDER:

**DECEDENT INFORMATION:**

NAME: LRN (last 4 digits) 

 First, Middle, Last

DATE OF DEATH Click or tap to enter a date. CITY OF DEATH 

**ORDER INFORMATION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM** | **QTY** | **PRICE** | **TOTAL** |
| Death Certificate | 0 | $ 24.00 | 0.00 |
| Fetal Death Certificate | 0  | $ 21.00 | 0.00 |
| Burial Permit | 0  | $ 12.00 | 0.00 |
| **Total Amount Due** | 0.00 |

**Non-Contagious Disease Letter: Yes** [ ]  **No** [ ]  **(No Fee)**

**Amended Copies: Yes** [ ]  **No** [ ]

Please verify the amendment is registered and available. The office will not be responsible for orders received before amendment is registered.

**By Mail:** Make check payable to: County of Fresno Department of Public Health

Mail application to: P.O. Box 11867 Fresno, CA 93775

 Please include self-addressed stamped envelope.

**SWORN STATEMENT:**

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 of the identified person on this application form.

Sworn this  day of , , at , 

 Day Month Year City State

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECEIPT OF ORDER:**

In-person pick-up - Funeral Home staff sign here to confirm receipt of certified copies - Return application to staff

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only

Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_Check/Money Order #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SAE: \_\_\_\_\_\_\_Staff Initials\_\_\_\_\_\_\_\_\_\_\_