



## Funeral Establishment Death Certificate / Burial Permit request with Sworn Statement

Sworn Statement	
I, _____, representative for _____, telephone (____) _____, swear 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 following individual:	
Required information to process order:	
Decedent's Name (first, last): _____	Date of Death: _____
LRN (Last 4 digitals): _____	Date Order Placed: _____
<input type="checkbox"/> Credit card authorization form attached <input type="checkbox"/> Noncontagious letter	

Please specify what type of certificate you are requesting:

Certificate Type	Fee	Quantity	Amount Due
Burial Permit (date issued: _____ )	\$12 each		
Certified Pending Certificate	\$26 each		
Veterans Certified Death Certificate	No cost (1 copy only)		
Certified Fetal Death Certificate	\$23 each		
Certified Death Certificate	\$26 each		
Certified Amended Final Certificate	\$26 each		
Order total:			

I am a Funeral Director that 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 Health and Safety Code 103526(c).

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_ in \_\_\_\_\_, \_\_\_\_\_ State.

Day Month City State

Funeral Director's signature: \_\_\_\_\_

Please note:

- We will only accept payment for certificates that are available at the time.
- If a request is placed via U.S. Mail, please include a self-addressed, stamped envelope.
- Orders will not be mailed to a third party.

OFFICIAL USE ONLY
Date paid: _____
Receipt #: _____
Check #: _____
Visa/Mastercard _____
Certificate #: _____

*Grounded in Health*