

(PLEASE PRINT CLEARLY)



DEATH CERTIFICATE APPLICATION FORM FOR FUNERAL HOMES/MORTUARIES

Death certificates may be purchased as long as the death occurred in the incorporated areas of the City of Pasadena. If we cannot identify the record based on the information provided, fees will be retained and a "Letter of No Record" will be issued. **Fees are non-refundable, even if the record is not found.** You will be asked to present a valid photo ID for all in-person requests.

Certified Copy

You may establish identity with this type of copy

Informational Copy

You may NOT establish identity with this type copy

1. DEATH CERTIFICATE INFORMATION (REGISTRANT)

No. of copies _____

First Name	Middle Name	Last Name	
Death Location: Name of Hospital or Address in Pasadena	Was there an amendment? <input type="radio"/> Yes <input type="radio"/> No	Sex <input type="radio"/> Female <input type="radio"/> Male	Date of Death
Mother/Father/Parent First Name	Middle Name	Last Name (Before Marriage/Domestic Partnership)	
Mother/Father/Parent First Name	Middle Name	Last Name (Before Marriage/Domestic Partnership)	

2. APPLICANT INFORMATION (REQUESTOR)

Name of Funeral Home or Mortuary	First Name	Last Name
Mailing Address (Number, Street)	Apt #/Unit	Telephone Number ()
City	State	ZIP Code

Per California State Law, Health and Safety Code, Section 103526 (c), permits only authorized persons as defined below to receive certified copies of Death Records. Those who are not authorized by law to receive a certified copy will receive a certified informational copy marked "**Informational, Not a Valid Document to Establish Identity.**" Request for an informational copy **do not** require a sworn statement and **do not** require an item to be selected from the list below.

To receive a **Certified Copy**, I am:

- A parent or legal guardian of the registrant (person listed on the certificate). **(Legal guardian must provide documentation.)**
- A party entitled to receive the record as a result of a court order. **(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, brother or sister, 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.
- Any agent or employee of a funeral establishment who acts within the course and scope of his or 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.
- Appointed rights in a power of attorney, or an executor of the registrant's estate. **(Please include a copy of the power of attorney, or supporting documentation identifying you as executor.)**

3. SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Applicant's Printed Name)

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 certificate identified on this application form.

Subscribed to this _____ day of _____, 20____, at _____,
(Day) (Month) (City) (State)

(Funeral Director License #)

(Applicant's Signature)

*If you are requesting a certified copy by mail, you must have the above sworn statement completed. Payment for the Disposition Permit must be made before certified copies are issued.

SUBMITTING APPLICATION

By Mail:

- Payment may be made by check or money order made payable to the **City of Pasadena Public Health Department**.
- Do not mail cash.
- Please provide a self-addressed stamped envelope.
- The document(s) will be mailed to you within seven (7) business days.

In Person:

- Payment may be made with a credit card (American Express, Discover, Mastercard, Visa, Debit), cash or by check/money order made payable to the **City of Pasadena Public Health Department**.

Please send or bring your completed application with the appropriate fee(s) to:

City of Pasadena Public Health Department

Vital Records Office

1845 North Fair Oaks Avenue, Room 1610

Pasadena, CA 91103

<http://ww5.cityofpasadena.net/public-health/birth-and-death-records/>

(626) 744-6052

OFFICE USE ONLY:

ID/DL#: _____ Exp: _____ LRN#: _____ BN#: _____ City Official: _____

Mail out

Hold for Pick-Up

Express/Same day service (additional fee required)