



**MARC C. TONNESEN**  
 COUNTY ASSESSOR/RECORDER

**SOLANO COUNTY ASSESSOR/RECORDER**  
**WRITTEN APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**  
*(Please read the instructions on Page 2 before completing this application.)*

**NOTICE:** Orders received by mail must have the attached sworn statement notarized. (see instructions).  
 As part of statewide efforts to prevent identity theft, California Health and Safety Code, Section 103526, 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 shall receive a certified informational copy marked: **'INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.'** Please indicate whether you would like a Certified Copy or a Certified Informational Copy.

<input type="checkbox"/> I would like a <b>Certified Copy</b> of the record identified on the application form. <i>(In order to receive a Certified copy, you must indicate your relationship to the Person named on the application form by selecting from the list below. (The sworn statement MUST BE NOTARIZED.)</i>	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> of the record identified on the application form. <i>(You are not required to select from the list below or complete a sworn statement in order to receive a Certified Informational copy.)</i>
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**NOTE:** Both documents are certified copies of the original document on file with our office. With the exception of the legend and redaction of signatures and Social Security Number the documents contain the same information.

	<b>To receive a Certified Copy, I am: (After you checked the appropriate box, please circle the title which pertains to you.</b>
<input type="checkbox"/>	A parent or legal guardian of the decedent (person listed on the certificate). <i>(Does <u>not</u> include step-parents) (Legal guardian must provide documentation)</i>
<input type="checkbox"/>	A child, grandparent grandchild, sibling, spouse or registered domestic partner of the decedent. <i>(Does not include step-grandparents, step-children, or ex-spouse.)</i>
<input type="checkbox"/>	A party entitled to receive the record as a result of a court order, an attorney, or a licensed adoption agency seeking the death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code. <i>(Please provide copy of court order.)</i>
<input type="checkbox"/>	A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. <b>(Companies representing a government agency must provide authorization from the government agency.)</b>
<input type="checkbox"/>	An attorney representing the decedent or the decedent'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
<input type="checkbox"/>	Appointed rights in a power of attorney, or an executor of the decedent's estate. <b>(Please include a copy of the power of attorney or supporting documentation identifying you as executor.)</b>
<input type="checkbox"/>	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 (1) of Section 7100 of the Health and Safety code.

**STOP! DO NOT complete the rest of this form before reading the instruction sheet.**

**APPLICANT INFORMATION (Please Type or Print) FEE: \$23.00 PER COPY REQUESTED. (Payable to Solano County Vital Records)**

Printed Name of Person Completing Application		Today's Date	Telephone Number – Area Code First	
Address – Number, Street		City	State	ZIP Code
Name of Person Receiving Copies, <i>(if Different from Above)</i>	No. of Copies	Amt. Enclosed	Email Address	
Mailing Address for Copies, <i>(if Different from Above)</i>	City		State	ZIP Code

Signature of Person Competing Application: \_\_\_\_\_

**DEATH INFORMATION (Please Type or Print)**

Name on Death Certificate – (First)	Middle Name	Last Name - (Family)
Date of Death – Month, Day, Year	Place of Death – City or Town and County	



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VITAL RECORDS DIVISION**

**INSTRUCTIONS:**

- **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a death record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
- Complete a separate application for each death record request. **NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose death certificate record you wish to obtain and your relationship to that individual.**
- Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Death Record Information** section, provide all the information you have available to identify the record. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
- If the registrant has been adopted, make the request in the adopted name.

**SWORN STATEMENT:**

- The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the death record and identify their relationship to the person named on the certificate. (The relationship must be one of those identified on Page 1.)
- When submitting the application by mail the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages, look on the internet or call your banking institution.) **Law enforcement, local and state governmental agencies are exempt from the notary requirement.**
- You do not have to provide a notarized Sworn Statement if you are requesting a Certified Informational Copy of the death record.
- Submit **\$23.00** for each certified copy requested. If no record of the death is found, the \$23.00 fee shall be retained for searching our records 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 wish and include sufficient payment with this application, in the form of a personal check preprinted with CURRENT name and address, money order or cashier's check. Make check or money order payable to Solano County Vital Records. **If you would like to follow-up on your request, it is preferred that you contact our office by email.**

**Mail this application with the fee(s) to:**

Solano County Assessor/Recorder  
**Attn: Vital Records Division**  
675 Texas Street, Suite 2700  
Fairfield, CA 94533

Email: [recorder@solanocounty.com](mailto:recorder@solanocounty.com)  
Phone: 707-784-6294 (9am to 4pm)  
Public Counter Hours: 8:30am to 4:00pm – Monday through Friday



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**SWORN STATEMENT**

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the State of California,  
 (Applicant's Printed Name)

that I am an authorized person, as defined on Page one (1) of this request and am eligible to receive a certified copy of the record of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must be a Relationship Listed on Page 1 of the Application)

(The remaining information must be completed in the presence of a Notary Public.)

\_\_\_\_\_  
 (Date and Place)

\_\_\_\_\_  
 (Signature)

**Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below. (Law enforcement, local and state government agencies are exempt from the notary requirement.)**

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.

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public,  
 personally appeared \_\_\_\_\_, 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)

\_\_\_\_\_  
 NOTARY SIGNATURE