



**FUNERAL HOMES
DEATH CERTIFICATE REQUEST FORM**

Mail _____

No. of copies: _____ (\$23.00 each)

IF applies, Amendment:

Pick up _____

Total Amount: \$ _____

DEATH CERTIFICATE INFORMATION

Name on Certificate: _____
First Middle Last

Date of Death: _____ **City of Death:** _____

APPLICANT INFORMATION

SWORN STATEMENT

I, _____, swear under penalty of
Printed Name
perjury under 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 identified on this application form.

Sworn this _____ day of _____, 20 _____, at _____,

Name of establishment: _____

Mailing Address: _____
Street City State Zip Code

Phone: (_____) _____ Signature: _____

Office Use Only **Banknote#** _____

Print Name: _____ Signature: _____
Name of person receiving copies

Local Registrar: _____ Date: _____

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