

FUNERAL HOMES DEATH CERTIFICATE REQUEST FORM



No. of copies:	_(\$26.00 each)
No. of permits:	_(\$12.00 each)
No. of fetal copies:	_(\$23.00 each)
Non-contagious ltr:	_(\$25.00 each)
No. of amendments:	
Total Amount: \$	

DEATH CERTIFICATE INFORMATION			
Name on Certificate:			
First	Middle		Last
Date of Death:	City of Death:		
APPLICANT INFORMATION SW	ORN STATEMENT		
T		1 1	
I,Printed Name		, swear unde	er penany or
perjury under laws of the State of Caldefined in California Health and Safet receive a certified copy of the death re	y Code Section 1	103526 (c) an	d am eligible to
Sworn thisday of	, 20at		
Name of establishment:			
Mailing Address:			
Mailing Address: Street	City	State	Zip Code
Phone: () Email 4	Address:		
Signature:			
Office Use Only	Banknote	e#	
Print Name:	Signature	e:	
Name of person receiving copie	es		
Local Pagistrary		Dote	
Local Registrar:		Date:	
275 Beck Avenue MS 5-285, Fairfi vitalstatis	eld CA 94533 P (70 tics@solanocount		(707) 784-8060