



COUNTY OF YOLO CLERK-RECORDER

Jesse Salinas, County Clerk-Recorder
625 Court St. Rm B-01
Woodland CA 95695



For office use only:

Security Paper: _____

Receipt Number: _____

Check: _____ Clerk Initials: _____

Copies: _____ Permits: _____ Total: \$ _____

CERTIFIED COPY OF DEATH RECORD APPLICATION FEE: \$26.00

Date: _____

Step 1: Applicant Relation and Info

(per copy)

Number of copies requested: _____

California Health & Safety Code §103526 permits only authorized individuals as defined below to receive Authorized Certified Copies of vital records. Those who are not authorized by law will receive an Informational Certified Copy stamped: "INFORMATIONAL - NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

To receive an Authorized Certified Copy, you must indicate your relationship to the registrant below. Additionally, the applicant must sign the Sworn Statement below, stating that the applicant is an authorized individual. The Sworn Statement must be notarized unless you are present in office, a member of a law enforcement agency, a representative of a state or local government agency, or an agent or employee of a funeral establishment.

Please indicate your relationship below:

- The registrant (yourself) or a parent or legal guardian of the registrant.
- A party entitled to receive the record as a result of a 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.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant (please circle one as well).
- An attorney representing 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 registrant's estate.
- An individual described in H&S Code §7100(a).
- Any agent or employee of a funeral establishment acting within the scope of employment to order certified copies of a death record on behalf of any individual listed in H&S Code §7100(a).

Please indicate the type of Certified Copy you are requesting:	<input type="checkbox"/> I am requesting an AUTHORIZED Certified Copy
	<input type="checkbox"/> I am requesting an INFORMATIONAL Certified Copy

Applicant Information:

Applicant Name: _____ Telephone Number: _____

Address: _____
(Number and Street) (City) (State) (Zip Code)

Step 2: Death Record Information

Has this record been amended after its initial registration? YES NO UNSURE

Name on Certificate: _____
(First) (Middle) (Last)

Date of Death: _____ / _____ / _____ Place of Death: _____
(Month/Day/Year) (City) (County) (State)

Parent/Father Name: _____
(First) (Middle) (Last)

Parent/Mother Name: _____
(First) (Middle) (Last name at birth)

Step 3: Sworn Statement

(Not required for an Informational Copy. If requesting by mail or fax, notary acknowledgement is required)

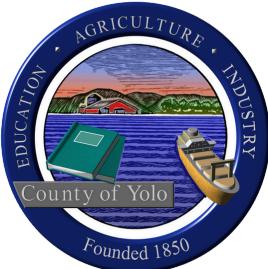
I, _____, declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined by California Health & Safety Code §103526(c), and am eligible to receive a certified copy of the death record of the above and/or attached individual(s):

Sworn on: _____ / _____ / _____
(Month/Day/Year)

Signature: _____

If submitting your order by mail or fax, please read additional instructions on the back

Updated 01/2026



COUNTY OF YOLO

CLERK-RECORDER'S OFFICE

625 Court St. Rm B-01, Woodland CA 95695
(530) 666 - 8130 (p) | (530) 666 - 8109 | clerk-recorder@yolocounty.gov

JESSE SALINAS
Clerk-Recorder



CERTIFIED COPY OF DEATH RECORD APPLICATION

Instructions / Acknowledgment

Instructions for completing application form:

- Use separate application form for each different individual you are requesting a Certified Copy of Death Record for.
- Enter the date and the number of copies requested in their respective fields.

Step 1 - Applicant Relation and Info

- Read the information regarding Authorized vs Informational Certified Copy and California Health & Safety Code §103526.
- Check the box that describes your relation to the registrant (the person on the vital record that is being requested).
- Select if you would like an Authorized Certified Copy or an Informational Certified Copy.
- Enter the applicant's (you) information.

Step 2 - Death Record Information

- Enter the information for the record you are requesting.

Step 3 - Sworn Statement

- All requests for Authorized Certified Copies require the Sworn Statement to be completed and signed.
- If submitting this request by mail for fax, the Sworn Statement must be signed in the presence of a Notary Public.

NOTE: Only one notarized Sworn Statement is required for multiple unique requests; the application with the notarized Sworn Statement must include the name of each individual whose certificate you are requesting and your relationship to that individual.

If submitting this request by mail, please include a check/money order for the appropriate fee, along with an additional \$4.00 for return postage or a Self-Addressed Stamped Envelope. Please do not mail cash. Please make checks/money orders out to "Yolo County Clerk-Recorder". For facsimile requests, please fax the completed application and then call our office to give credit card information (unless credit card authorization form has also been faxed - can find on our website).

NOTE: If you need your record(s) faster, you can purchase an upgraded shipping method. USPS Priority (\$11.90) 3-5 business days -OR- USPS Express (\$33.40) 1-2 business days. Please include either of the prices listed in the check/money order when submitting this order.

MAIL COMPLETED APPLICATION WITH TOTAL FEE TO:

Yolo County Clerk-Recorder
PO Box 1130
Woodland, CA 95776-1130

CERTIFICATE OF ACKNOWLEDGMENT

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.

State of: _____)

§

County of: _____)

On _____, before me _____, (name and title of officer)
(Date)

personally appeared _____, who proved to me on the basis of
(name of person(s) signing)

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,

Signature _____
(officer)