APPLICATION FOR DEATH CERTIFICATE

Fee: \$24.00 each copy

Colusa County Clerk-Recorder

Cristy Jayne Edwards, Clerk-Recorder-Registrar of Voters 546 Jay Street, Suite 200, Colusa, CA 95932 Phone: (530) 458-0500 Fax: (530) 458-0512

California Health & Safety Code, Section 103526, permits only authorized persons as defined below to receive Authorized Certified Copies of Vital Records. Those who are not authorized by law to receive an Authorized Certified Copy will receive an Informational Certified Copy marked "INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY."

	What type of copy are you requesting: AUTHORIZED † or complete 1, 2, & 4, notarize if mailing or complete 1, 2, & 3
1.	Death Certificate Information:
	Decedent's Last name, First & middle name
	Date of death Number of copies
2.	Applicant Information (Person Making Request):
	Name of Applicant: Telephone Number
	Mailing Address: City: State: Zip Code:
3.	INFORMATIONAL certified copy: Informational copies do not require a notary acknowledgment and will have the
	following watermark: "INFORMATIONAL, NOT VALID DOCUMENT TO ESTABLISH IDENTITY."
	Sign here for an informational copy Applicant signature
4.	AUTHORIZED certified copy: MARK THE BOX THAT DESCRIBES YOUR RELATIONSHIP TO THE DECEDENT If none apply, you are not eligible to receive an authorized certified copy and may opt to buy an informational certified copy
	☐ Child ☐ Sibling ☐ Agent/Employee Funeral Establishment (within scope of their employment)
	☐ Spouse/Domestic Partner ☐ Grandparent/Grandchild ☐ Parent/Legal Guardian ☐ 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.
	☐ Law Enforcement/Govt Agency ☐ An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100. *See page 1 for list of individuals
	CERTIFICATION: I, swear (or affirm) under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health & Safety Code Section 103526 (c), and eligible to receive an Authorized Certified copy of the vital record identified on this application form.
	Sworn thisday of, 20, at City & State
	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) ss.
(County of)
(On before me,
	WITNESS my hand and official seal. (seal)

Signature _____

APPLICATION FOR DEATH CERTIFICATE - INSTRUCTIONS We can only provide copies for deaths that occurred in Colusa County

COUNTY OF COLUSA

INSTRUCTIONS FOR REQUESTING A DEATH RECORD IN PERSON

- 1. Go to the Colusa County Clerk & Recorder Office located at 546 Jay Street, Suite 200, Colusa California.
- 2. Complete the Application form for a Death Certificate Request, also available in the office.
- 3. Public counter is open and available for processing between 8:30 am to 4:00 pm, Monday through Friday. Most applications can be processed upon submission. Payments must be in the form of cash, check or money order. **Debit and credit card payments cannot be accepted.**

INSTRUCTIONS FOR REQUESTING A DEATH RECORD BY MAIL

- 1. Complete the Application form for a Death Certificate Request.
- **2.** If requesting an: **Authorized Certified Copy**, the Notary Acknowledgement must be completed by a Notary Public.

Informational Certified Copy, the Notary Acknowledgement does not have to be completed. Please be aware that the Informational Certified Copy may not be accepted by all parties. It is up to the applicant to determine if they need an Informational Certified Copy or an Authorized Certified Copy.

- **3.** Death Certificates are \$24 per copy. Enclose a check or money order payable to "Colusa County Clerk," for the appropriate amount.
- **4.** Please include a self-addressed stamped envelope for accurate service. Allow at least 7 working days to receive your Certified Copy in the mail.
- 5. Mail the application and payment to the following address: Colusa County Clerk-Recorder 546 Jay Street, Suite 200 Colusa, CA 95932

For Expedited Service:

Mail the completed application and payment in an *Overnight Express* envelope and include a prepaid *Overnight Express* envelope inside to be returned to you.

*An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100.

Agent under power of attorney for health care,

competent surviving spouse,

surviving competent adult child.

surviving competent parent,

surviving competent adult sibling,

surviving competent adult person respectively in the next degrees of kinship,

conservator of the person – pursuant to Part 3 of Division 4 of the Probate code (com. §18100)

conservator of the estate – pursuant to Part 3 of Division 4 of the Probate code (com. §18100)

Rev 1/2023