



**RIVERSIDE COUNTY**  
**ASSESSOR-COUNTY CLERK-RECORDER**  
**APPLICATION FOR CERTIFIED COPY OR SEARCH OF A DEATH RECORD**  
**PLEASE REVIEW THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING**

<b>1</b>	<b>DEATH RECORD or CERTIFICATE OF NO RECORD INFORMATION</b>	<b>FEE \$21.00</b>
Name of Deceased _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>		
Date of Death _____ Date of Birth _____		
City of Death _____ Number of Copies _____		

<b>2</b>	<input type="checkbox"/> I am requesting an AUTHORIZED copy	<input type="checkbox"/> I am requesting an INFORMATIONAL copy If you are requesting an Informational copy, please skip to section 4.
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<b>3</b>	<p>To obtain an Authorized Certified Copy you must check the appropriate box below: <b>I am:</b></p> <p><input type="checkbox"/> The parent or legal guardian of the person listed on the death record.</p> <p><input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse or domestic partner of the person listed on the death record.</p> <p><input type="checkbox"/> A member or representative of a government agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)</p> <p><input type="checkbox"/> A person who has a court order to obtain the record.</p> <p><input type="checkbox"/> An attorney representing the person or the person's estate whose name is listed on the death record or any person or agency appointed by court to act on behalf of the person or the person's estate whose name is listed on the death record. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)</p> <p><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 any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100.</p>
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<b>4</b>	<b>Requested by:</b> _____ Name _____ Street Address _____ City State Zip Phone # (_____) _____	<b>Mail/Issue To:</b> _____ Name of Person Receiving Copies, If Different from Applicant _____ Mailing Address for Copies, if Different from Applicant _____ City State Zip I.D. # _____
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<b>5</b>	<p>I, _____ swear or affirm under penalty of perjury that I am an authorized person,          (Print Full Name)</p> <p>as defined in California Health and Safety Code Section 103526 (c), eligible to receive a certified copy of the death record identified on this application form.</p> <p>Sworn: _____ at _____          Date (mm/dd/ccyy) City State</p> <p>Signature: _____          (Applicant Signature) (If ordering in person you must sign in front of the Clerk)</p>
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<b>BELOW SECTION FOR OFFICE USE ONLY</b>									
Receipt #		Check #		Total \$ Due		Amount Paid		Year / Certificate #	
Cash	Check	Debit / Credit	<input type="checkbox"/> Counter	<input type="checkbox"/> Mail	<input type="checkbox"/> Gov't Agency	<input type="checkbox"/> Govt. Stamped	Long Amount		Refund Amount
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Credit Card # / Exp. Date					Type of I.D., Identifying Numbers and Exp. Date			Clerks Initials	
<input type="checkbox"/> Do Not Charge Fee, Contact State <input type="checkbox"/> Charge Search Fee, Contact <input type="checkbox"/> State or _____ Searched years from _____ to _____ by: _____									

