

AMADOR COUNTY CLERK/RECORDER & REGISTRAR OF VOTERS



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Jackson, California 95642-2132
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**REQUEST FOR AN AUTHORIZED COPY OF
A DEATH RECORD**

**** IF THIS REQUEST IS DONE BY MAIL IT MUST BE NOTARIZED ****

In accordance with California State Law, the following identifying information is required to obtain a certified copy of a Death Certificate.

Name on Certificate

First Middle Last

Date of Death

Month Day Year

Father's Name

First Middle Last

Mother's Maiden Name

First Middle Last

FEES:
Death \$24.00
(Fees revised 01/01/2022)
CASH, CHECK OR
MONEY ORDER ONLY

Relationship:

- Spouse/Domestic Partner
- Sibling
- Funeral Establishment(7100 H&S Code)
- Attorney
(representing the registrant or their estate)
- Authorized by Statue or Court Order
(on behalf of the registrant or their estate)
- Next of Kin (7100 H&S Code)
- Child
- Parent/Legal Guardian
- Grandparent/Grandchild
- Law Enforcement/Government Agency
(conducting official business)
- Power of Atty/Conservator (7100 H&S Code)

**# of copies
requested:**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Applicant's Signature _____

Print Name

**** PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE ****

Mailing Address

P.O. Box or Street Address City State Zip

Telephone Number: (____) _____
(Including area code)

STATE OF CALIFORNIA _____
County of _____

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.

On _____ before me _____, a Notary Public,

personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person 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 official seal.

Signature _____

For Office Use Only Form Rev 01/2019

Local File # _____ Banknote Paper # _____ Check # _____
Date Issued/Mailed _____ Receipt # _____ Deputy _____