AMADOR COUNTY CLERK/RECORDER & REGISTRAR OF VOTERS

KIMBERLY L. GRADY 810 Court Street Jackson, California 95642-2132 Phone (209) 223-6468



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.

(Including area code) STATE OF CALIFORNIA County of Defore me Defore me Defore me Defore me Defore me Defore me Defore me Defore me Defore me Defore me Defore me Defore me Defore me Defore me Defore me De				,					
Pather's Name First	Name on Certific	ate	First	Middle	Las	st [1	
Father's Name Mother's Maiden Name First	Date of Death						FEES	S:	
First Middle Last CASH. CHECK OR MONEY ORDER ONLY	Father de Manne		Month	Day	Yea	ar	Death \$24.00		
Relationship:	ramer's Name		First	Middle	La	ıst	CASH, CHECK OR		
Relationship: Spouse/Domestic Partner Child # of copies Funeral Establishment(7100 H&S Code) Grandparent/Grandchild Attorney Law Enforcement/Government Agency (conducting official business) Authorized by Statue or Court Order (on behalf of the registrant or their estate) Next of Kin (7100 H&S Code) Power of Atty/Conservator (7100 H&S Code) I certify (or declare) under penalty of perjury that the foregoing is true and correct. Applicant's Signature Print Name Print Na	Mother's Maiden	Name					MONEY ORDE	R ONLY	
# of copies requested: Funeral Establishment(7100 H&S Code) Grandparent/Grandchild Attorney (representing the registrant or their estate) Law Enforcement/Government Agency (conducting official business) Authorized by Statue or Court Order (on behalf of the registrant or their estate) Power of Atty/Conservator (7100 H&S Code) Next of Kin (7100 H&S Code) Next of Kin (7100 H&S Code) I certify (or declare) under penalty of perjury that the foregoing is true and correct. Applicant's Signature			First	Middle	La	ıst [
# of copies requested: Funeral Establishment(7100 H&S Code) Grandparent/Grandchild Attorney Law Enforcement/Government Agency (conducting official business) Authorized by Statue or Court Order Power of Atty/Conservator (7100 H&S Code) Next of Kin (7100 H&S Code) Next of Kin (7100 H&S Code) 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: A notary public or other officer completing this certificate is attached, and not the truthfulness, accuracy, or validity of that document. Country of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. On	# of copies		Spouse/Domes	stic Partner		Child			
Attorney			Sibling			•			
Attorney (representing the registrant or their estate) Law Enforcement/Government Agency (conducting official business)			Funeral Establ	ishment(7100 H&S Code)					
Next of Kin (7100 H&S Code) I certify (or declare) under penalty of perjury that the foregoing is true and correct. Applicant's Signature				registrant or their estate)					
Print Name ** PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE ** Mailing Address P.O. Box or Street Address City State Zip						100 H&S Code)			
Print Name ** PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE ** Mailing Address P.O. Box or Street Address City State Zip		П	Next of Kin (710	0 H&S Code)					
P.O. Box or Street Address City State Zip 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 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 Banknote Paper # Check #	_	* PLEA	SE INCLUDE /		ED STA	MPED EN	NVELOPE **		
Check # Chec	Mailing Address	P.O. Bo	x or Street Address	(ity		State	Zip	
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 #	Telephone Number: (STATE OF CALIFORNIA County of) (Inc	luding area code)	identity of	he individ	ual who signe	ed the document to which	this certificate is	
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 #	On		be	efore me			, a Notary Public,		
Local File # Banknote Paper # Check #	his/her/their authorized capa person(s) acted, executed th I certify under PENALTY OF	city(ies), a e instrume PERJUR\	nd that by his/her/the ent.	eir signature(s) on the instru	ment the p	edged to me person(s), or t	that he/she /they execute the entity upon behalf of w	d the same in	
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