

## APPLICATION FOR CERTIFIED COPY OF DEATH RECORD FOR STATE OF EMERGENCIES

**Copy Type:**

Wildfire Name:

**CERTIFICATE TYPE:**

I am requesting an AUTHORIZED COPY (notarized sworn statement required)

I am requesting an INFORMATIONAL COPY

**Part 1 - Relationship to Person on Certificate (Registrant):** *Check appropriate box.*

A parent, legal guardian, child, grandchild, sibling spouse, or domestic partner of the registrant. (Legal guardian must provide documentation.)

A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)

Any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney or documentation identifying you as an executor.)

An attorney representing the registrant or the registrant's estate.

An agent or employee of a funeral establishment (acting with the scope of employment and on behalf of persons specified in HSC § 7100 (a) (1)-(8))

Surviving next of kin (As specified in HSC § 7100).

Number of Copies:

**Part 2 - Death Record Information:** *Complete the information below as shown on the death record.*

FIRST Name	MIDDLE Name	LAST Name
County of Death		Date of Death - MM/DD/YYYY
Social Security Number		Date of Birth - MM/DD/YYYY
Spouse/Domestic Partner FIRST Name		Spouse/Domestic Partner LAST Name
Parent FIRST Name		Parent LAST Name at Birth
Parent FIRST Name		Parent LAST Name at Birth

**Part 3 - Applicant Information:** *Please PRINT all information legibly.*

First Name		Last Name	
Mailing Address: Number, Street, and Unit # (if applicable)			City
Zip Code	State/Province		Country
Telephone (include area code)		Email Address	

Comments
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