



Funeral Establishment Death Certificate / Burial Permit request with Sworn Statement

l,,	representative	e for				,
telephone (), s	wear under p	enalty of p	erjury un	nder the laws of the State of C	California, tl	hat I am an
authorized person, as defined in California He	ealth and Safe	ety Code S	ection 10	03526(c), and am eligible to r	eceive a ce	ertified
copy of the death record of the following indiv	vidual:					
Required information to process order:						
Decedent's Name (first, last):				Death:		
RN (last 4 digits): Date order placed:						
☐ Credit card authorization form attached						
Please specify what type of certificate you	ara raquastii	na:		Г	Quantity	Amt. due
Please specify what type of certificate you are requesting:					Quantity	Ami. due
Burial Permit (date issued:		u eacn)				
Certified Pending Certificate (\$24.00 each)						
Veterans Certified Death Certificate (No cost, 1 copy only)						No cost
Certified Fetal Death Certificate (\$21.00 each	h)					
Certified Death Certificate (\$24.00 each)						
Certified Amended Final Certificate (\$24.00	each)					
				Order total:	-	
				-		
I am a Funeral Director that orders certified c	opies of a dea	ath certifica	ate on be	half of any individual specifie	ed in paragr	raphs (1) to
(5), inclusive of subdivision (a) of Section 710	•			•	1 1 3	- [- (/
Sworn thisday of		, 20	, at		<u>, </u>	
Day	Month	Year		City		State
Funeral Director's signature:						
Please note: Official Use Only Determine the partification that are qualifold at the time of order.						
 • We will only accept payment for certificates that are available at the time of order • If request is placed via U.S. Mail, please include a self addressed stamped envelope Receipt #:						
• Orders will not be mailed to a 3rd party Check #: Visa / MasterCard						
				Certificate #:		
					REV. 08/20	23

Grounded in Health