

Orange County Vital Record Application Instructions For Funeral Establishments

Below are instructions for completing the Vital Record application. Please take a moment to review the instructions with **examples** to be sure you are completing the application correctly. Applications that are not completed correctly will be returned.

NOTE: The Notarized Sworn Statement (page 2), is not required of funeral establishments.



Application for a Vital Record

Office of Vital Records
200 W. Santa Ana Blvd., Suite 100-B, Santa Ana, CA 92701

- ▶ Allow 10 business days after the birth or death event for record registration and availability.
- ▶ If no record is found, Health and Safety Code (HSC) 103650 requires our office to retain the fee and issue a Certificate of No Public Record.
- ▶ **FOR MAIL REQUESTS: A SELF-ADDRESSED, STAMPED ENVELOPE AND A NOTARIZED SWORN STATEMENT ARE REQUIRED** (Notarized sworn statement is not required for funeral establishments or government agencies).

SECTION 1: Check either DEATH or FETAL DEATH

1. TYPE OF VITAL RECORD (check one)

<input type="checkbox"/> BIRTH \$32 each	<input checked="" type="checkbox"/> DEATH \$24 each	<input type="checkbox"/> FETAL DEATH \$21 each
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SECTION 2: Complete ALL 6 fields

2. INFORMATION TO LOCATE RECORD (complete ALL fields)

First Name JOHN	Middle Name -	Last Name DOE
Date the event occurred (Date of Birth or Death) 01/02/2022	City of Occurrence (City of Birth or Death) ANAHEIM	Mother's Maiden Name DOE

SECTION 3: Check "Agent or Employee of a Funeral Establishment..."

3. TO RECEIVE AN AUTHORIZED CERTIFIED COPY, I AM (check one) (Health and Safety Code 103526)

<input type="checkbox"/> Registrant (Name on Certificate) <input type="checkbox"/> Parent/Legal Guardian of Registrant (Legal guardian must provide documentation) <input type="checkbox"/> Child/Sibling of Registrant <input type="checkbox"/> Spouse/Registered Domestic Partner of Registrant <input type="checkbox"/> Grandparent/Grandchild of Registrant <input type="checkbox"/> Authorized by Court Order (Include copy of court order) <input type="checkbox"/> Law Enforcement/Govt. Agency (Conducting Official Business)	<input type="checkbox"/> Attorney/Licensed Adoption Agency (Under CA Family Code 3140 or 7603) <input type="checkbox"/> Attorney Representing Registrant or Registrant's Estate <input type="checkbox"/> Power of Attorney/Executor of the Registrant's Estate (Include a copy of the power of attorney or supporting documentation identifying you as executor) <input checked="" type="checkbox"/> Agent or Employee of a Funeral Establishment (Acting within the scope of employment and on behalf of persons specified in HSC 7100 (a) (1)-(8)) <input type="checkbox"/> Surviving Next of Kin as specified in HSC 7100 (ONLY FOR DEATH CERTIFICATES)
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SECTION 4: The Customer is the funeral establishment employee. The address is the funeral establishment address. The phone is the funeral establishment phone number.


4. CUSTOMER INFORMATION

Name of person requesting certificate MARY SMITH	
Address 1234 MAIN STREET	Apt/Unit/Suite B-24
City SANTA ANA	
State CA	Zip Code 92700
Phone 714-222-1234	

SECTION 5: Enter the number of certified copies requesting and mark if record is amended.

5. CERTIFIED COPIES	
Number of Certified Copies requesting:	5
Has the Record been Amended (corrected/changed)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

SECTION 6: Complete the Customer (funeral establishment employee) name, signature, and date.

6. SWORN STATEMENT OF CUSTOMER		Record Amended, issue with: <input type="checkbox"/> General Amend <input type="checkbox"/> Physician/Coroner Amend
I, <u>MARY SMITH</u> , declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code, Section 103526 (c), and am eligible to receive a certified copy of the record for the registrant identified on this application.		
 _____ Signature		01/06/2022 _____ Date

FUNERAL ESTABLISHMENT USE ONLY

1. Enter the funeral establishment name
2. Check **ONE**:
 - a. **Either** Certificates will be picked up by a funeral establishment employee
 - b. **Or** Certificates are to be mailed. If certificates are to be mailed, include a stamped envelope **AND** complete "Mail Certificate(s) to" with name and complete address.
3. Enter the last 5 numbers of the record's Registration Number LRN
4. If applicable, complete the Pending and/or Amended section. If not applicable, leave blank.

Certificates to be PICKED UP

FOR FUNERAL ESTABLISHMENT USE ONLY		
Establishment Name: PEACEFUL MORTUARY		
Check one: <input checked="" type="checkbox"/> Certificates will be picked up by funeral establishment employee <input type="checkbox"/> Mail Certificates (include stamped envelope)		
Mail Certificate(s) to:		
Address	Apt/Unit/Suite	
City	State	Zip Code
Registration Number LRN (Not the EDRS Number) 10245		
If applicable, complete this section: Causes Pending Investigation, issue: <input type="checkbox"/> Pending <input type="checkbox"/> With Final Causes Record Amended, issue with: <input type="checkbox"/> General Amend <input type="checkbox"/> Physician/Coroner Amend		

Certificates to be MAILED

FOR FUNERAL ESTABLISHMENT USE ONLY		
Establishment Name: PEACEFUL MORTUARY		
Check one: <input type="checkbox"/> Certificates will be picked up by funeral establishment employee <input checked="" type="checkbox"/> Mail Certificates (include stamped envelope)		
Mail Certificate(s) to: PEACEFUL MORTUARY		
Address	Apt/Unit/Suite	
1234 MAIN STREET	B-24	
City	State	Zip Code
SANTA ANA	CA	92700
Registration Number LRN (Not the EDRS Number) 10245		
If applicable, complete this section: Causes Pending Investigation, issue: <input type="checkbox"/> Pending <input type="checkbox"/> With Final Causes Record Amended, issue with: <input type="checkbox"/> General Amend <input type="checkbox"/> Physician/Coroner Amend		