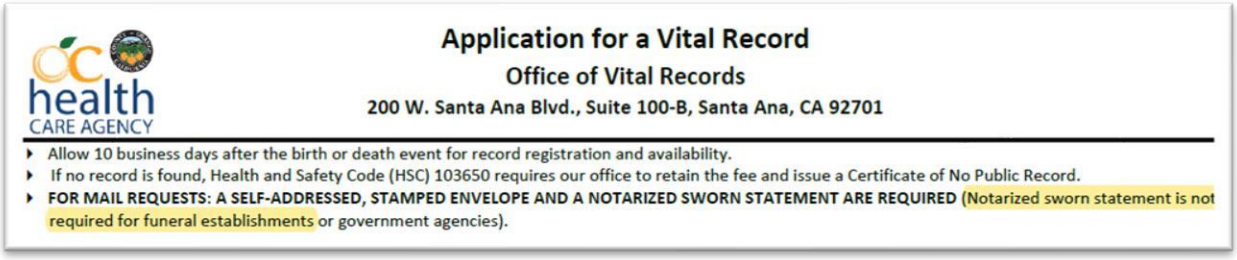
Orange County Vital Record Application Instructions For Funeral Establishments

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.



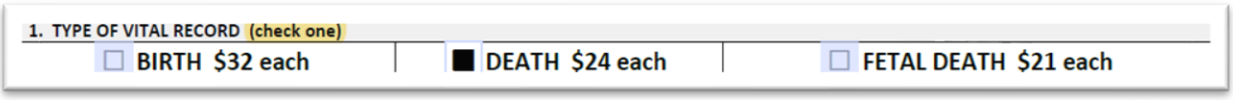
Application for a Vital Record

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).

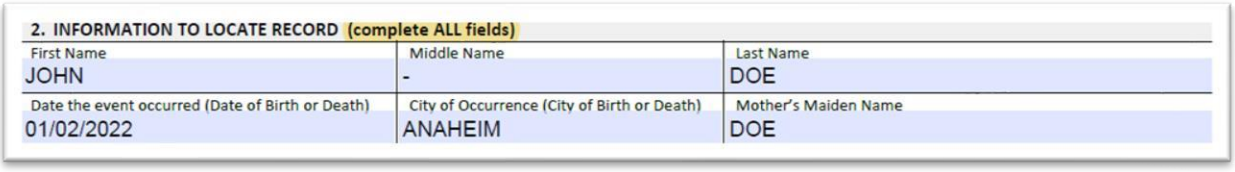
SECTION 1: Check either DEATH or FETAL DEATH



1. TYPE OF VITAL RECORD (check one)

☐ BIRTH $32 each ■ DEATH $24 each ☐ FETAL DEATH $21 each

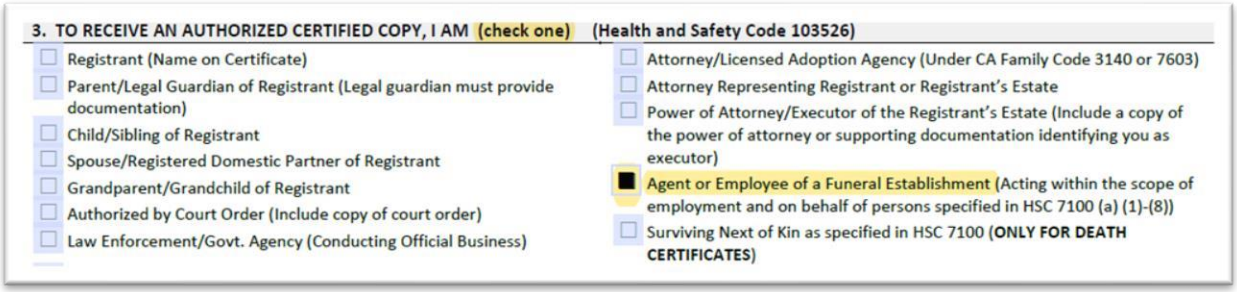
SECTION 2: Complete **ALL** 6 fields



2. INFORMATION TO LOCATE RECORD (complete ALL fields)

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

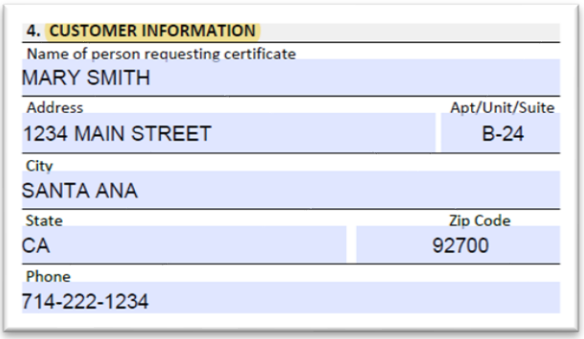
SECTION 3: Check "Agent or Employee of a Funeral Establishment…"



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

- ☐ Registrant (Name on Certificate)
- ☐ Parent/Legal Guardian of Registrant (Legal guardian must provide documentation)
- ☐ Child/Sibling of Registrant
- ☐ Spouse/Registered Domestic Partner of Registrant
- ☐ Grandparent/Grandchild of Registrant
- ☐ Authorized by Court Order (Include copy of court order)
- ☐ Law Enforcement/Govt. Agency (Conducting Official Business)
- ☐ Attorney/Licensed Adoption Agency (Under CA Family Code 3140 or 7603)
- ☐ Attorney Representing Registrant or Registrant's Estate
- ☐ Power of Attorney/Executor of the Registrant's Estate (Include a copy of the power of attorney or supporting documentation identifying you as executor)
- ■ 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))
- ☐ Surviving Next of Kin as specified in HSC 7100 (**ONLY FOR DEATH CERTIFICATES**)

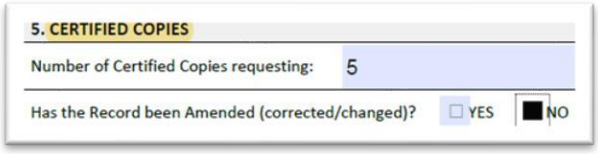
SECTION 4: The Customer is the funeral establishment employee. The address is the funeral establishment address. The phone is the funeral establishment phone number.



4. CUSTOMER INFORMATION

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

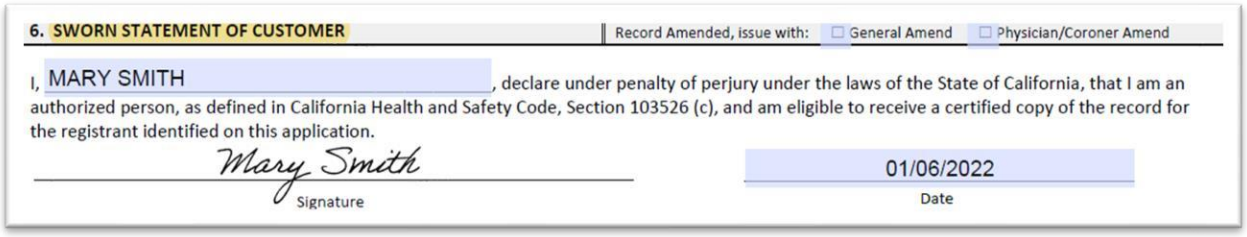
SECTION 5: Enter the number of certified copies requesting and mark if record is amended.


5. CERTIFIED COPIES

Number of Certified Copies requesting: 5

Has the Record been Amended (corrected/changed)? ☐ YES ■ NO

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


6. SWORN STATEMENT OF CUSTOMER | Record Amended, issue with: ☐ General Amend ☐ Physician/Coroner Amend

I, MARY SMITH, 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.

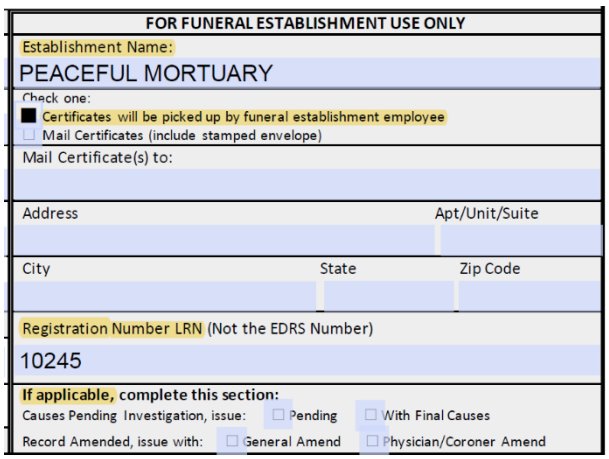
Mary Smith — Signature

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:
■ Certificates will be picked up by funeral establishment employee
☐ Mail Certificates (include stamped envelope)

Mail Certificate(s) to:

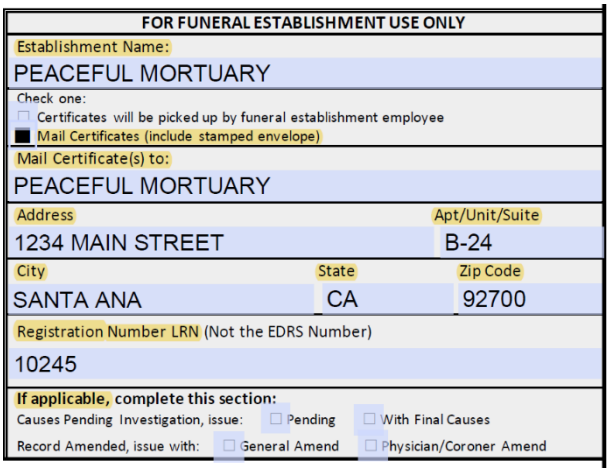
Address | Apt/Unit/Suite

City | State | Zip Code

Registration Number LRN (Not the EDRS Number): 10245

If applicable, complete this section:
Causes Pending Investigation, issue: ☐ Pending ☐ With Final Causes
Record Amended, issue with: ☐ General Amend ☐ Physician/Coroner Amend

Certificates to be **MAILED**


FOR FUNERAL ESTABLISHMENT USE ONLY

Establishment Name: PEACEFUL MORTUARY

Check one:
☐ Certificates will be picked up by funeral establishment employee
■ Mail Certificates (include stamped envelope)

Mail Certificate(s) to: PEACEFUL MORTUARY

Address: 1234 MAIN STREET | Apt/Unit/Suite: B-24

City: SANTA ANA | State: CA | Zip Code: 92700

Registration Number LRN (Not the EDRS Number): 10245

If applicable, complete this section:
Causes Pending Investigation, issue: ☐ Pending ☐ With Final Causes
Record Amended, issue with: ☐ General Amend ☐ Physician/Coroner Amend