

Ventura County Office of Vital Records
2240 E. Gonzales Road, Suite 150, Oxnard, CA 93036
APPLICATION FOR A DEATH RECORD

Please Indicate whether you are requesting a Certified Copy of an Informational Certified Copy.

☐ I AM REQUESTING AN AUTHORIZED CERTIFIED COPY-
complete parts 1-4
(a notarized sworn statement is required for all mail in requests)

☐ I AM REQUESTING AN INFORMATIONAL COPY-complete parts
2 and 4
Signature _____ Date _____

Part 1 PURSUANT TO HEALTH AND SAFETY CODE 103526, THE FOLLOWING INDIVIDUALS ARE ENTITLED TO AN AUTHORIZED CERTIFIED COPY OF A DEATH RECORD.

To receive a **Certified Copy**, I am:

- ☐ A parent, legal guardian, child, grandparent, 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 the executor).
- ☐ An attorney representing the registrant or the registrant's estate.
- ☐ An agent or employee of a funeral establishment (acting within the scope of employment on behalf of person specified in HSC § 7100 (a) (1)-(8))
- ☐ Surviving next of kin (as specified in HSC § 7100).

Part 2 DEATH CERTIFICATE INFORMATION (Please print or type)

Decedent's - First Name		Initial	Decedent's - Last Name(s)	
Funeral Home			Funeral Home Phone Number - Area Code First	
City of Death	County of Death VENTURA	Number of Copies (\$100 bills not accepted): <input type="checkbox"/> Death Certificates \$26.00/ea. _____ <input type="checkbox"/> Fetal Death \$23.00/ea. _____ <input type="checkbox"/> _____ Amended copies with _____ Amendment (s)		
Date of Death Month _____ Day _____ Year <input type="checkbox"/> 2025 <input type="checkbox"/> 2026			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	

Part 3 AUTHORIZED CERTIFIED COPIES ONLY (Must be completed if requesting a certified authorized copy)

I _____ 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 identified on this application. Sworn this _____ day of _____, _____ at _____, _____.

(Day) (Month) (Year) (City) (State)

Signature _____

Part 4 APPLICANT INFORMATION (Please print or type)

Printed Name of Person Submitting Application		Phone Number - Area Code First		
Address - Number, Street	City	State	Zip Code	

For office use only

Receipt # _____ Certificate # _____ Date Issued _____ Issued by _____

☐ Issued with Amend. Amount Enclosed \$ _____ ☐ Cash ☐ Check/Money Order ☐ Credit Card

☐ Pickup ☐ Mail

INFORMATION:

The Vital Records Office retains birth and death records for the current year and one year prior only. Events occurring in Ventura County for all other years, must be obtained from the Ventura County Recorder's office. Applicants must present a valid government issued form of photo identification to purchase a certified copy of a birth certificate.

INSTRUCTIONS:

Pursuant to Health and Safety Code 103526, the following individuals are entitled to a Certified Copy of a birth record:
The registrant or a parent or legal guardian of the registrant (Legal guardian must provide documentation).

1. A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. (Legal guardian must provide documentation).
2. 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).
3. 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 the executor).
4. An attorney representing the registrant or the registrant's estate.
5. An agent or employee of a funeral establishment (acting within the scope of employment on behalf of person specified in HSC § 7100 (a) (1)-(8))
6. Surviving next of kin (as specified in HSC § 7100).

Those who are not authorized may receive an **INFORMATIONAL Copy with the words "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"** imprinted across the face of the copy. If you are requesting an authorized **Certified Copy**, please **Part 3** section in the presence of Office of Vital Records staff. If you submit your request by mail, you must complete a Sworn Statement page the statement in the presence of a Notary Public.

To request online

- Visit our website at: hca.venturacounty.gov/vitalrecords

To request in person:

- Print and complete section 1,2, and 4 of the application, Part 3 must be completed in the presence of the Office of Vital Records Staff.
- Bring your completed application, payment, and a valid government-issued ID to our office during regular business hours.
- We accept Visa, Mastercard, checks and cash, we do not accept \$100 bills.

To Request by mail:

- Indicate the number of certified copies you are purchasing.
- Include payment in the form of a personal check, postal or bank money order made payable to Ventura County Vital Records.
- Mail orders paid by personal check are held for 14 working days.
- Include a notarized sworn statement.
- Mail this application with appropriate fee and a self-addressed, stamped envelope to:

**Ventura County Vital Records
2240 E. Gonzales Road, Suite 150
Oxnard, CA. 93036.**

The Office of Vital Records is not responsible for replacement of items that are lost in the mail.

Ventura County Public Health
The notarized Sworn Statement is required for mail-in requests.

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the
(Applicant's Printed Name)

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 birth, death, or marriage certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Registrant (Must be an authorized person)

(The remaining information must be completed in the presence of a Notary Public.)

Subscribed to this _____ day of _____, 20____, at _____, _____.
(Day) (Month) (City) (State)

(Applicant's Signature)

CERTIFICATE OF ACKNOWLEDGMENT

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.

State of _____

County of _____

On _____ before me, _____, personally appeared _____,
(Insert name and title of the officer)

who proved to me on the basis of satisfactory evidence to be the person(s) 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

(SIGNATURE OF NOTARY PUBLIC)

WITNESS my hand and official seal.
(SEAL)