# 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.



#### **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

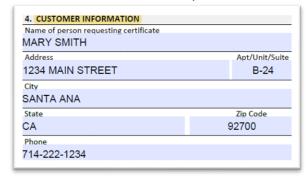
## **SECTION 2:** Complete **ALL** 6 fields

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..."

Registrant (Name on Certificate)	Attorney/Licensed Adoption Agency (Under CA Family Code 3140 or 7603)
Parent/Legal Guardian of Registrant (Legal guardian must provide	☐ Attorney Representing Registrant or Registrant's Estate
documentation)	Power of Attorney/Executor of the Registrant's Estate (Include a copy of
Child/Sibling of Registrant	the power of attorney or supporting documentation identifying you as
Spouse/Registered Domestic Partner of Registrant	executor)
Grandparent/Grandchild of Registrant	Agent or Employee of a Funeral Establishment (Acting within the scope of
Authorized by Court Order (Include copy of court order)	employment and on behalf of persons specified in HSC 7100 (a) (1)-(8))
Law Enforcement/Govt. Agency (Conducting Official Business)	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.



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



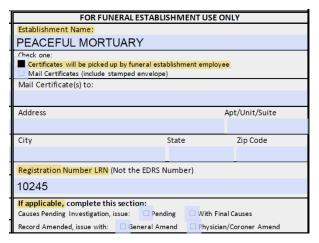
**SECTION 6:** Complete the Customer (funeral establishment employee) name, signature, and date.

S. SWORN STATEMENT OF CUSTOMER	Record Amended, issue with: General Amend Physician/Coroner Amend
MARY SMITH	, declare under penalty of perjury under the laws of the State of California, that I am a
uthorized person, as defined in California He	alth and Safety Code, Section 103526 (c), and am eligible to receive a certified copy of the record
	1-1,
the registrant identified on this application. Mary Smu	

#### **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. <u>Or</u> 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**



### Certificates to be MAILED

