

**INYO COUNTY RECORDER
168 NORTH EDWARDS ST.
P. O. BOX F
INDEPENDENCE, CA 93526
Telephone: (760) 878-0410**

TO OBTAIN A DEATH CERTIFICATE: **\$12.00**

There are two types of Death Certificates available:

1. **CERTIFIED COPY:** **Can** be used for identification and other official purposes. A certified copy is restricted to certain authorized persons. See application for a list of authorized persons.

For an application for a **Certified** copy of a death certificate of a person who died in Inyo County, California, [click here](#).

OR

2. **INFORMATIONAL COPY:** **Cannot** be used for identification or official purposes.

For an application for an **Informational** copy of a death certificate of a person who died in Inyo County, California, [click here](#).

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY(IES) OF THE DEATH RECORD OF ONE PERSON:

1. Complete items 1., 2., 3., and 4.
2. Take the APPLICATION to a Notary Public who will complete Item 5.
3. Send APPLICATION with a check or money order for \$12.00 for each certificate requested to:

INYO COUNTY RECORDER
P. O. BOX F
168 N. EDWARDS ST.
INDEPENDENCE, CA 93526

NOTE: You do not need the separate SWORN STATEMENT to apply for one or more death certificates of the same person. See Instructions below.

INSTRUCTIONS FOR APPLICATION FOR CERTIFIED COPY(IES) OF DEATH RECORDS OF MORE THAN ONE PERSON:

1. Complete Items 1., 2., 3. only on a separate APPLICATION for each person's death certificate.
2. Complete the top portion of the SWORN STATEMENT.
3. Take the SWORN STATEMENT to a Notary Public who will complete the bottom portion.
4. Send the Applications and the SWORN STATEMENT to the address above with a check or money order in the amount of \$12.00 for each certificate requested.

1. APPLICATION FOR CERTIFIED COPY OF DEATH RECORD – REGISTRANT INFORMATION

NUMBER OF COPIES @ \$12.00 EACH _____				
Name on Certificate – First		Middle	Last	Sex
Date of Death	Place of Death – City or Town		Place of Death - County	
Father's Name			Mother's Maiden Name	

2. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON CERTIFICATE

I AM: (mark one)	
<input type="checkbox"/>	A parent or legal guardian of the person named in the certificate
<input type="checkbox"/>	A child, grandparent, grandchild, sibling (brother or sister), spouse, or domestic partner of the person named in the certificate
<input type="checkbox"/>	A party entitled to receive the record as a result of a court order.
<input type="checkbox"/>	A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business
<input type="checkbox"/>	An attorney representing the registrant or the registrant's estate, or a person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate

3. APPLICANT INFORMATION

Printed name of Person completing Application	Date	Telephone Number	
Address – Number, Street or P. O. Box	City	State	ZIP Code
Mailing Address for Copies if different from Above	City	State	ZIP Code

4. APPLICANT'S STATEMENT UNDER PENALTY OF PERJURY

I, _____, swear under penalty of perjury under the laws of the State of California, that I am a person authorized (as indicated in Item 2.) to receive a certified copy of the death certificate described in Item 1.
Executed (signed) on _____ (date) at _____ (City and State).
_____ (Signature)

5. CERTIFICATE OF ACKNOWLEDGEMENT

State of _____) County of _____) ss.
On _____ (date), before me _____ (name and title) personally appeared _____ (name), personally known to me, or proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.
_____ (Notary Signature)
(seal)

