



Court Order Delayed Registration Of Death



Upon request, this document will be made available in Braille, large print, and audiocassette or computer disk. To obtain a copy in one of these alternate formats, please call or write:

California Office of Vital Records
M.S. 5103
P.O. Box 997410
Sacramento, CA 95899-7410
Telephone: (916) 445-2684
California Relay: 711/1-800-735-2929
www.cdph.ca.gov

January 1, 2008

Court Order Delayed Registration of Death

If a person's death was never registered, or there is no record of the death on file, what can I do?

- A Court Order Delayed Registration of Death is a way to register a California death when the death was not previously registered, or a certified copy is not obtainable.
- Any beneficially interested person can petition the Superior Court to judicially establish the facts of death.
- This can be done in the Superior Court in either the county of residence of the person whose death is being established (does not have to be in California), or in the California county where the death was alleged to have occurred.

How do I petition the court?

- We suggest you contact a family law attorney for legal advice in this matter. Our staff cannot provide legal advice, nor do we have information about the legal process.
- There are also books available at bookstores or public libraries to help you with the court process.
- You can also access the following website for additional information about the court process: www.courtinfo.ca.gov.

After I get the court order, what do I submit to register the death?

- At the time of the court hearing, you must present the court with a completed Order Establishing Fact of Death/Court Order Delayed Registration of Death (VS 109), along with any documents you have that support the date, place, and cause of death.
- Once the court establishes the fact of death, mail the following items to our office using the address on the front of this pamphlet:
 - **Certified** copy of the Order Establishing Fact of Death (top of VS 109)
 - Completed Court Order Delayed Registration of Death (bottom of VS 109)
 - \$20 fee

See next section for explanation of "certified" copy.

We do not return the court order after the death certificate is prepared.

(Continued)

After I get the court order, what do I submit to register the death?

(Continued)

- **If any of these items are not included, your request will be returned to you for correction.**

What is a “certified” copy of the court order?

1. A “certified” copy of the court order must be a **copy** of the order that was originally prepared by the court. ***It cannot be an original printout.***

If the court gives you an original printout, please ask them to make a photocopy.

2. The photocopy that the court gives you must have:
 - An **original** court seal.
 - A signature (or signature stamp) of the judge.
 - A signature (or signature stamp) of the court clerk.

IMPORTANT:

- ✓ The “certified” copy must have an **original** court seal and a signature (or signature stamp) of the court clerk. It is the **original** seal and court clerk signature (certification) that make this a “certified” copy.
- ✓ Do not send us a copy where the court seal has been photocopied. The court seal must be an **original** seal.
- ✓ The court seal and signature must appear on the actual certified copy (either front or back) – and not on a blank sheet of paper.
- ✓ The “FILED / ENDORSED” stamp in the top right corner of the court order **is not** the court clerk’s certification.
- ✓ You should keep a photocopy of the court order for your own file.

What is the fee for a court order delayed registration?

- \$20 – which includes one Certified Copy of the death certificate.
- Additional copies are \$12 each.

(Continued)

What is the fee for a court order delayed registration?

- Fees should be paid by check or money order payable to **Office of Vital Records**. International money orders for out-of-country requests should be payable in U.S. dollars.

(Continued)

Where can I get the VS 109?

One copy is included with this pamphlet. **Photocopies are not acceptable**. If you need additional copies of the VS 109:

- Order forms electronically at www.dhs.ca.gov/hisp/chs/OVR/OVRFormsReq.asp. Because of the volume of phone calls we receive, the Internet is usually a faster process for our customers than calling our Customer Service Unit.
- Call our Customer Service Unit at (916) 445-2684.
- You can also get the form from the County Recorder or County Health Department in any California county.

How do I complete the VS 109?

A sample of what a completed form should look like is attached.

The VS 109 is a two-part perforated form.

- The top part is the court order that will be signed by the judge.
- The bottom part becomes the official death certificate that will be filed in our office (State Registrar) and provided to the County Recorder's Office in the county where the death occurred.

PART ONE (Top Portion) – Order Establishing Fact of Death

- Complete all items except the judge's signature and the line at the bottom that states "Done in court this _____ day of _____ A.D., 20 _____."
- Your reason for having to file the death by court order **must** be included on the Order (middle of the form, on the line that begins "in that"). If the reason is not included, you will have to return to court, have the Order amended, and provide us with a certified copy of the amended Order.

(Continued)

How do I complete the VS 109?

(Continued)

Before you leave the courthouse, make sure:

- There is a file number on the Order.
- The Order has been **certified**. (See previous section for explanation of “certified” copy.)
- We do not return the court order after the death certificate is prepared.

PART TWO (Bottom Portion) – Court Order Delayed Registration of Death

- Do not write on the “State File Number” line (directly below perforation) or on the bottom part of the form marked “State Registrar Use Only.”
- Complete items 1A through 30 only.

What makes a VS 109 form “acceptable”?

Important Information

Death certificates are legal documents that must be able to hold up in any court, unchallenged as to their accuracy and reliability.

Because the bottom part of the VS 109 becomes the actual death certificate, it must adhere to strict guidelines:

- Items 1A through 30 must be completed.
- The form must be an original, not a photocopy.
- Because the form becomes the official record, every word and letter must be extremely clear and legible. ***Using a typewriter to complete the form ensures that the information is interpreted clearly.***
- If you are not able to type the form, it is extremely important that you take the extra time to print ***very clearly and legibly***. Documents that are not legible will be returned to you to complete again.
- ***Only black ink is acceptable.***
- ***There cannot be any erasures, whiteout, or alterations.***

(Continued)

How long will it take to get the death certificate?

Our processing time for court order delayed death registration is approximately 3 months. (The processing time can change based on our workload.)

What if I still have questions?

If you have read this pamphlet thoroughly and still have questions that were not answered in this pamphlet, please call (916) 557-6078 and leave your name, telephone number, and question. One of our Delayed Registration staff will return your call within 48 hours.

If you have questions on the ***status*** of your request, please call our Customer Service Unit at (916) 445-2684 – ***but only after the processing time has passed.***

ORDER ESTABLISHING FACT OF DEATH

In the Superior Court of the State of California

In and for the County of _____

In the matter of the petition of

Number _____

To establish the fact of death of

Department _____

SAMPLE

The verified petition of _____ to establish the fact of the death of

_____ having been filed herein on the

_____ day of _____, A.D., 20_____, and such petition having by an order of court been duly set for

hearing on the _____ day of _____, A.D., 20_____, at the hour of _____ o'clock ____ m. of said

day; and now on said day said matter coming on regularly for hearing and it appearing to the satisfaction of this court from the evidence

introduced that the said _____, petitioner herein, is beneficially

interested in establishing of record the fact of the death of said _____,

in that _____

_____ ; and it appearing that on the _____ day of _____,

A.D., 20_____, the death of _____ occurred at

_____, in the County of _____, State of

_____ ; that said death has not been registered in conformity with the provisions of law in

effect at the time of said death or such record has been lost or destroyed after having been filed; and no one appearing at said hearing to

oppose the making of this order;

It is therefore ordered, adjudged, and decreed that on the _____ day of _____, A.D.,

20_____, the death of _____

occurred at _____, County of _____,

State of _____.

Done in court this _____ day of _____, A.D., 20_____.

Judge of the Superior Court

Before filing the above order, insert in the certificate form below, as of the date of the death, the personal and statistical particulars required for the records of the State Registrar. A certified copy of the above order must be filed with the State Registrar before the order shall become effective. **USE BLACK INK ONLY.**

COURT ORDER DELAYED REGISTRATION OF DEATH

STATE OF CALIFORNIA

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

STATE FILE NUMBER _____

LOCAL REGISTRATION NUMBER _____

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS FORM BECOMES THE OFFICIAL DEATH RECORD

DECEDENT PERSONAL DATA	1A. NAME—FIRST		1B. MIDDLE		1C. LAST		
	2A. DATE OF DEATH—MM/DD/CCYY		2B. HOUR	3. DATE OF BIRTH—MM/DD/CCYY		4. AGE IN YEARS	
					IF UNDER ONE YEAR MONTHS DAYS		
					IF UNDER 24 HOURS HOURS MINUTES		
	5. BIRTH STATE/FOREIGN COUNTRY		6. HISPANIC (IF YES, SPECIFY ORIGIN) YES <input type="checkbox"/> NO <input type="checkbox"/>		7. RACE—Up to 3 Races/Ethnicities May Be Listed		8. SEX
	9. MILITARY SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>		10. SOCIAL SECURITY NUMBER		11. EDUCATION—YEARS COMPLETED		12. MARITAL/STATE REGISTERED DOMESTIC PARTNERSHIP STATUS
	13A. USUAL OCCUPATION		13B. USUAL KIND OF BUSINESS/INDUSTRY		13C. USUAL EMPLOYER		13D. YEARS IN OCCUPATION
	14A. NAME OF SURVIVING SPOUSE/STATE REGISTERED DOMESTIC PARTNER--FIRST		14B. MIDDLE		14C. LAST (BIRTH)		
15A. NAME OF FATHER/PARENT--FIRST		15B. MIDDLE		15C. LAST (BIRTH)		16. STATE/FOREIGN COUNTRY OF BIRTH	
17A. NAME OF MOTHER/PARENT—FIRST		17B. MIDDLE		17C. LAST (BIRTH)		18. STATE/FOREIGN COUNTRY OF BIRTH	
USUAL RESIDENCE	19A. RESIDENCE—STREET and NUMBER, OR LOCATION			19B. CITY		19C. STATE/FOREIGN COUNTRY	
						19D. ZIP CODE	
		19E. COUNTY		19F. NUMBER OF YEARS IN THIS COUNTY		20. NAME, RELATIONSHIP, MAILING ADDRESS, AND ZIP CODE OF INFORMANT	
PLACE OF DEATH	21A. PLACE OF DEATH			21B. COUNTY			
	21C. ADDRESS—STREET and NUMBER, OR LOCATION			21D. CITY			
	21E. IF HOSPITAL, SPECIFY <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		21F. IF OTHER THAN HOSPITAL, SPECIFY <input type="checkbox"/> HOSPICE <input type="checkbox"/> NURSING HOME/LTC <input type="checkbox"/> HOME <input type="checkbox"/> OTHER				
CAUSE OF DEATH	22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C)					TIME INTERVAL BETWEEN ONSET AND DEATH	23. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER
	IMMEDIATE CAUSE (A)						
	DUE TO (B)						25A. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	DUE TO (C)						25B. USED IN DETERMINING CAUSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN ITEM 22.			27. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 22 OR 26? IF YES, LIST TYPE OF OPERATION AND DATE.			28. IF FEMALE, PREGNANT IN YEAR PRIOR TO DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
INJURY INFORMATION	29. LOCATION—STREET AND NUMBER, OR LOCATION, AND CITY			30. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)			
	31A. DISPOSITION(S)		31B. PLACE OF FINAL DISPOSITION (NAME AND FULL ADDRESS)			31C. DATE OF DISPOSITION—MM/DD/CCYY	
FUNERAL DIRECTOR	32A. NAME OF FUNERAL ESTABLISHMENT (OR PERSON ACTING IN LIEU OF FUNERAL DIRECTOR)					32B. LICENSE NUMBER	
	OFFERED FOR FILING PURSUANT TO ORDER NUMBER _____ OF THE SUPERIOR COURT OF THE STATE OF CALIFORNIA IN AND FOR THE COUNTY OF _____, MADE THE _____ DAY OF _____, A.D., 20____, ESTABLISHING OF RECORD THE FACT OF DEATH IN THE STATE OR COUNTRY OF _____. NO DEATH CERTIFICATE HAS BEEN FOUND ON FILE IN THE OFFICE OF VITAL RECORDS FOR THE ABOVE DECEDENT.						
STATE REGISTRAR USE ONLY	33. OFFICE OF VITAL RECORDS					34. DATE ACCEPTED FOR REGISTRATION	

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**DO NOT Complete This Application Before Reading the Instructions on Page 2**

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of death certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that **are not** valid to establish identity.

Fee: **\$12 per copy** (payable to the Office of Vital Records).

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT by selecting from the list below AND COMPLETE THE ATTACHED SWORN STATEMENT declaring that you are eligible to receive the Certified Copy. The Sworn Statement MUST BE NOTARIZED if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY" . (A Sworn Statement does not need to be provided.)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

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

- A parent or legal guardian of the registrant (person listed on the certificate).
- A party entitled to receive the record as a result of a court order.
- 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.*)
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (*If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.*)
- Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)				Today's Date: _____		
Agency Name (if appropriate)		Agency Case No. (if appropriate)		Purpose of Request		
Printed Name and Signature of Applicant				Number of Copies		Amount Enclosed
Mailing Address – Number, Street				Name of Person Receiving Copies, if Different From Applicant		
City	State / Province	ZIP Code		Mailing Address for Copies, If Different From Applicant		
Daytime Telephone (include area code) ()			Country	City	State	ZIP Code
DECEDENT INFORMATION (PLEASE PRINT OR TYPE)						
Name of Decedent – Last		First		Middle		Sex
City of Death (must be in California)		County of Death		Date of Birth – MM/DD/CCYY		State of Birth
Date of Death – MM/DD/CCYY (Or Period of Years to be Searched)				Social Security Number		
Birth Name – Mother/Parent			Birth Name of Spouse/Domestic Partner of Decedent (Last, First, Middle)			

DEATH

Page 1 of 3

INFORMATION: Death records have been maintained in the Office of the State Registrar of Vital Records since July 1, 1905.

The “Birth” name required on Vital Records (see Items 1C, 6C, 7C, 9C, and 12C) is the name given at birth, or a name received through adoption, court-ordered name change, or Naturalization. AKA’s (Also Known As) and assumed names cannot be entered as the legal “Birth” name.

INSTRUCTIONS:

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, “Informational, Not a Valid Document to Establish Identity.”
2. Complete a separate application for each death record requested.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Decedent Information** section, provide all the information you have available to identify the death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record.
4. **SWORN STATEMENT:**
 - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the death record, and identify their relationship to the registrant (person listed on the certificate) – the relationship must be one of those identified on Page 1).
 - If the application is being submitted by mail, the Sworn Statement **must be** notarized by a Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Law enforcement and local and state governmental agencies are exempt from the notary requirement.**
 - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the death record.
5. Submit \$12 for **each** copy requested. If no death record is found, the \$12 fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant. Indicate the number of copies you want and include the correct fee(s) in the form of a personal check or postal or bank money order (International Money Order for out-of-country requests) made payable to the **Office of Vital Records**. Mail this application with the fee(s) to the Office of Vital Records at the address below.
6. **Returning Completed Certificates:** Completed certificates are returned using the U.S. Postal Service.

Office of Vital Records - MS 5103
P.O. Box 997410
Sacramento, CA 95899-7410
(916) 445-2684

SWORN STATEMENT

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

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 or death record of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate <small>(Must Be a Relationship Listed on Page 1 of Application)</small>

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

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

(Applicant's Signature)

Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of California)

County of _____)

On _____ before me, _____, personally appeared _____,
(here 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.

WITNESS my hand and official seal.
 (SEAL)

 SIGNATURE