

SWORN STATEMENT

I, _____, swear 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 birth or death record of the following individual(s):

Name of Person Listed on Certificate (deceased): _____

Relationship of Person listed on Certificate (i.e. Spouse, sibling, DPOAHC):

Sworn this _____ day of _____ 20_____, at _____, _____
Day Month Year City State

Signature