ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address)*:	*FOR COURT USE ONLY*
TELEPHONE NO.: FAX NO. *(Optional)*: E-MAIL ADDRESS *(Optional)*: ATTORNEY FOR *(Name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF *(Name)*:	
PETITION TO ESTABLISH RECORD OF DEATH	CASE NUMBER:

Notice: At or before the hearing on this petition, the petitioner must provide an order for the judge to sign. The order is part of form VS 109, issued by the Office of Vital Records, California Department of Health Services. Form VS 109 may be obtained from that department, or from a county recorder or health department. Information about form VS 109, including instructions on how to get it, and how to complete and file it, is available online at **www.dhs.ca.gov/hisp/chs/OVR/Amendments/Amendmentindex.htm.**

1. a. Petitioner *(name)*: is a beneficially interested person, entitled under section 103450 of the California Health and Safety Code to an order establishing the fact and the date and place of the death of the deceased person named in item 2.
   b. Petitioner's beneficial interest in this matter is ☐ stated in the space below ☐ stated in Attachment 1b.

2. **Deceased person:**
   a. Name:
   b. Date of death:
   c. Place of death: County of , State of

3. *(Check one of the following):*
   a. ☐ There is no official record of the fact, date, and place of the death of the deceased person.
   b. ☐ A certified copy of the official record of the death of the deceased person cannot be obtained for the reasons ☐ stated in the space below ☐ stated in Attachment 3b.

4. The deceased person resided at time of death at *(street address and city)*:

   County of , State of

5. Petitioner requests that the court make an order determining that the death of the deceased person did in fact occur on the date and at the place stated in item 2 above, as shown by the form MC-360A, *Declaration in Support of Petition to Establish Record of Death* and attachments, filed herewith, and by other proofs adduced at the hearing.

6. Number of pages attached: _____

Date:

(TYPE OR PRINT NAME OF ATTORNEY FOR PETITIONER) (SIGNATURE OF ATTORNEY)

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct, except as to those matters stated on information and belief, and as to those matters, I am informed and believe them to be true.

Date:

(TYPE OR PRINT NAME OF PETITIONER) (SIGNATURE OF PETITIONER)

Form Approved for Optional Use
Judicial Council of California
MC-360 [New January 1, 2004]

Health and Safety Code, §§ 103450–103490

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