SUPERIOR COURT OF CALIFORNIA
County of Kings
1640 Kings County Drive, Hanford, CA 93230
(559) 582-1010

ESTABLISHING A FACT OF DEATH PACKET

Online Assistance: www.courts.ca.gov/selfhelp.htm
The California Courts Self-Help Center

E-file California: https://california.tylerhost.net

Kings County Superior Court: www.kings.courts.ca.gov
Hours of Operation (Except for Court Holidays): Monday – Friday 8:00a.m. to 4:00p.m.

FORMS INCLUDED IN THIS PACKET	
Petition to Establish Fact, Time and Place of Death	Judicial Council Form BMD-003
Declaration in Support of Petition to Establish Fact, Time, and Place of Death	Judicial Council Form BMD-003A
Filing Fee: • **Petition to Establish Fact, Time and Place of Death** • **Court Reporter Fee**	 **$435.00** **30.00**

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*):	*FOR COURT USE ONLY*
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
IN THE MATTER OF *(name)*:	CASE NUMBER:
PETITION TO ESTABLISH FACT, TIME, AND PLACE OF DEATH	HEARING DATE AND TIME: DEPT.:

Notice to Petitioners

At or before the court hearing on this petition, you must provide to the court a completed (filled-in) order for the judicial officer to sign. The order must be prepared on a form issued by the California Department of Public Health Vital Records (CDPH Vital Records), the *Order Establishing Fact of Death* (form VS 109). The top portion of that form is the court order. The bottom portion of that form is the death certificate you must submit for filing to CDPH Vital Records with a copy of the signed order certified by the clerk of the court. Form VS 109 may be obtained from CDPH Vital Records or from a county recorder or health department. Information about the form, including instructions on how to get it and how to complete and file it with the court and with CDPH Vital Records, is available online at ***www.cdph.ca.gov/certlic/birthdeathmar/Pages/CorrectingorAmendingVitalRecords.aspx.***

1. a. Petitioner *(name each)*:

   is beneficially interested in and entitled under section 103450 of the California Health and Safety Code to an order establishing the fact and the time and place of the death of the person named in item 2a.

   b. Petitioner's beneficial interest in this matter is as follows:

   (1) ☐ I am related to the person named in item 2a as follows *(specify the relationships of all petitioners to that person)*:

   (2) ☐ I am not related to the person named in item 2a.

   (3) ☐ I am interested in this matter for the following reasons *(complete unless item 1b(1) is selected)*:

   ☐ Continued in Attachment 1b(3).

2. Petitioner requests the court to establish the fact, time, and place of the death of the person named in item 2a.

   a. Name:

   b. Time of death: *(date and time of day)*: ☐ a.m. ☐ p.m.

   c. Place of death: City, town, township, or other *(identify "other" if known)*:

   (1) ☐ County: State (U.S.):

   (2) ☐ State or province: Country:

IN THE MATTER OF *(name)*:	CASE NUMBER:

3. *(Check one of the following)*:
   a. ☐ There is no official record of the fact, time, and place of the death of the person named in item 2a.
   b. ☐ A certified copy of the official record of the death of the person named in item 2a cannot be obtained for the following reasons:

   ☐ Continued in Attachment 3b.

4. The person named in item 2a resided at the time of death at *(street address and city)*:

   County: State:

5. Petitioner requests that the court make an order determining that the death of the person named in item 2a did in fact occur at the time and at the place stated in items 2c and 2d, as shown by the *Declaration in Support of Petition to Establish Fact, Time, and Place of Death* (form BMD-003A) 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)

Date:

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

Date:

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

ATTORNEY OR PARTY WITHOUT ATTORNEY: STATE BAR NUMBER: NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (*name*):	*FOR COURT USE ONLY*	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF *(name)*:	CASE NUMBER:	
DECLARATION IN SUPPORT OF PETITION TO ESTABLISH FACT, TIME, AND PLACE OF DEATH	HEARING DATE AND TIME:	DEPT.:

(Name of declarant): declares as follows:

1. I make the statements in this declaration based on my personal knowledge or on the contents of the documents identified in item 5. *("Personal knowledge" of a fact is knowledge that is **not** gained from another person's statements to you about that fact.)*
2. a. I am at least 18 years of age.
   b. I reside at *(street address and city)*:

   County: State:
3. *(Name of deceased person)*: died at
   approximately *(time)*: ☐ a.m. ☐ p.m. on *(date)*: at the following place:
   a. City, town, township, or other *(identify "other" if known)*:
   b. ☐ County: State (U.S.):
   c. ☐ State or province: Country:
4. Facts showing when and where the person named in item 3 died and explaining how I have personal knowledge of those facts
   ☐ are stated in the space below ☐ are stated in Attachment 4 to this declaration.
   (If you are relying solely on the contents of the documents identified in item 5, please advise in the space below.)

IN THE MATTER OF *(name)*:	CASE NUMBER:

5. ☐ Attached are true and correct copies of the following documents *(check each box that applies)*:

   a. ☐ Police report dated *(date of each)*:

   b. ☐ Coroner's report dated *(date)*:

   c. ☐ Private physician's report dated *(date of each)*:

   d. ☐ Other documents dated *(describe and give the date of each document; "Other documents" could include school or college records, vaccination certificates and other medical records, employment records, documents showing sources of support other than employment, family correspondence, diaries, photographs, and other similar family records)*:

   ☐ Continued on Attachment 5d.

6. The death of the person named in item 3, or the date, time, or place of death ☐ **is not** ☐ **is** important to a court case or proceeding that is now pending and described below. *(If you selected "is," briefly describe the proceeding and provide the case name and number, the name and address of the court where the proceeding is pending, the names of all parties to the proceeding, and the names, addresses, and telephone numbers of their attorneys.* ***Note: A court order made on a petition under Health and Safety Code section 103450, et seq., may not be effective against claims of persons or organizations not given notice of the petition for the order.)***

   ☐ Continued on Attachment 6.

7. Number of pages attached:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF DECLARANT)

(SIGNATURE OF DECLARANT)