



## REPORTING A DECEASED PERSON

Complete the below information. If information is unknown, leave blank.

### SECTION 1 — DECEASED PERSON'S INFORMATION

FULL LEGAL NAME (LAST, FIRST, MIDDLE)

|                            |  |       |  |
|----------------------------|--|-------|--|
| DATE OF BIRTH (MM/DD/YYYY) | DIVER'S LICENSE/IDENTIFICATION CARD NUMBER | STATE | DISABLED PERSON PARKING PLACARD NUMBER |
|                            |  |       |  |

### SECTION 2 — DEATH CERTIFICATE INFORMATION

|                            |               |                 |
|----------------------------|---------------|-----------------|
| DATE OF DEATH (MM/DD/YYYY) | CITY OF DEATH | COUNTY OF DEATH |
|                            |               |                 |

### SECTION 3 — PERSON REPORTING DEATH

*I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

|                                    |               |                                 |
|------------------------------------|---------------|---------------------------------|
| PRINTED NAME (LAST, FIRST, MIDDLE) |               | RELATIONSHIP TO DECEASED PERSON |
|                                    |               |                                 |
| PHONE NUMBER<br>( )                | EMAIL ADDRESS |                                 |
|                                    |               |                                 |
| SIGNATURE<br><b>X</b>              |               | DATE                            |
|                                    |               |                                 |

Mail this form to the address below with the deceased person's DP parking placard, if applicable and available.

DMV  
PO Box 942869, MS C271  
Sacramento, CA 94269-0001

Mark the DP parking placard with an "X" on both sides so DMV knows it is no longer valid. Ensure the placard number is still legible.

**NOTE:** Completing this form will NOT update vehicle registration records in the decedent's name. Refer to [dmv.ca.gov/report-a-death](https://dmv.ca.gov/report-a-death) for more information on handling DMV-related matters.

### Privacy Notice on Collection

- DMV collection of personal information is governed by: *California Information Practices Act, Civil Code §1798 et seq; Government Code (GC) §11015.5; California Public Records Act GC §6250 et seq.; California Vehicle Code §1808; Driver's Privacy Protection Act (18 United States Code §§2721-2725).*
- The information collected will not be shared unless required or allowed by law.
- Some information on this form is mandatory.
- DMV uses this information to update records or disabled placard information for deceased individuals.
- Failure to provide mandatory information may result in the inability to process the report.
- You have the right to review and request corrections/deletions of DMV maintained records containing your personal information.
- Questions about this form should be directed to DMV's Customer Service at 1-800-777-0133.
- For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 1st Avenue, MS F127, Sacramento, CA 95818 or (916) 657-6340.