



**SAN MATEO COUNTY  
HEALTH SYSTEM – Office of Vital Statistics**

225-37<sup>th</sup> Avenue San Mateo, CA 94403 Telephone 650.573.2395 Fax 650.573.2576 [www.smchealth.org](http://www.smchealth.org)

**Application for Certified Copy of DEATH Record  
For the Public and Non-Public Agencies**

**Type of Vital Record (Death \$23 – Cash or Check Only)**

As required by law, if no record is found, we will retain a Search Fee equal to the amount of the certificate and a "Certificate of No Public Record" will be issued.

**Please indicate whether you would like an Official Certified Copy or an Informational Copy.**

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. Those who are not authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Official Certified Copy</b> (You must indicate your relationship to the person named on the vital record from the list below.) | <input type="checkbox"/> <b>Informational Certified Copy</b> (You are NOT required to select from the list below in order to receive an Informational Copy.) |
|--|--|

**I am: (Please check the appropriate box if requesting for Certified Copy)**

- |  |   |
|--|---|
| <input type="checkbox"/> A parent or legal guardian of the registrant  | <input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant   |
| <input type="checkbox"/> 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                                      | <input type="checkbox"/> A party entitled to receive the record as a result of a court order, or an attorney of a licensed adoption agency seeking the death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code |
| <input type="checkbox"/> An agent or employee of a funeral establishment ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (8), inclusive, of subdivision (a) of Section 7100 of the health and Safety Code | <input type="checkbox"/> Surviving Next of Kin - competent surviving spouse or parent(s), sole surviving adult child or adult sibling and surviving competent adult person(s) respectively in the next degree of kinship.                               |
| <input type="checkbox"/> Conservator of the person or estate appointed under Part 3 of Division 4 of the Probate Code  | <input type="checkbox"/> An agent under power of attorney for health care who has the right and duty of disposition.  |
| <input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business  |   |

**Applicant Information (Please Read This Statement Prior to Completing and Signing the Form) –**

*I swear under penalty of perjury that I am an authorized person, as defined in CA Health & Safety Code Section 103526 list above, and am eligible to receive a certified copy of the birth, death or marriage record identified on this application form.*

Print Name of Person Completing this Application		Driver's License # (or other government issued ID)	
Residential Address of Person Completing this Application (Number, Street)		City	State   Zip Code
Mailing Address, if different from above			Telephone Number
Number of Copies Purchasing	Dollar Amount Enclosed	Clerk's Initials	For Office Use Only – Record #
Signature		Sworn this _____ day of _____, 20_____.	

**Registrant Information – Please provide the DEATH information below.**

**For DEATH RECORD**

First Name	Middle	Last Name	Sex
Place of Death – City or Town		County	
Date of Death – Month, Day, Year		Name of Spouse – Husband or Wife of Decedent	

**NOTICE:**

- The Sworn Statement and Acknowledgment are not required when requesting an Informational Copy.
- Applications for an "Official Certified Copy" received by mail must be accompanied by this sworn and notarized statement.
- Please make check or money order payable to: Office of Vital Statistics.
- Applications for official copies received by mail must be accompanied by the notarized statement on back.
- **Please mail application to – 225-37<sup>th</sup> Avenue San Mateo, CA 94403.**

**SWORN STATEMENT**

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the State of  
(Printed Name)  
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, death or marriage record of the following individual(s):

Name of Person(s) Listed on Certificate	Relationship to Person Listed on Certificate

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Signature)

**CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_ } ss.  
County of \_\_\_\_\_ }

On \_\_\_\_\_, before me, \_\_\_\_\_, personally  
(insert your name and title)

appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.

(Notary Seal - Must be Legible)

\_\_\_\_\_  
Notary Signature