



# SAN MATEO COUNTY HEALTH – Office of Vital Statistics

225-37<sup>th</sup> Avenue #11 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

### DEATH CERTIFICATE

**\$26 per copy – We accept Cash, Check, VISA or MasterCard in-person. Mail-in orders check or money order only.**

Our office only has records from year 1966-Present, if requesting prior records please contact Assessor-Clerk Recorder at 650-363-4500.

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

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

**Official Certified Copy**

You must indicate your relationship to the person named on the vital record from the list below.

**Informational Certified Copy**

You are NOT required to select from the list below in order to receive an Informational Copy.

**I am: (Please check the appropriate box)**

A parent or legal guardian of the registrant

A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant

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.

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.

Surviving next of kin, as specified in paragraph 6 of Section 7100 of the Health and Safety Code. Surviving competent spouse, parent(s), adult child, adult sibling, adult person(s) respectively in the next degree of kinship.

A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.

An agent under power of attorney for health care who has the right and duty of disposition.

Conservator of the person or estate appointed under part 3 of Division 4 of the probate code.

An agent or director of a funeral home STOP – Please download the Funeral Home only application available at [smchealth.org](http://smchealth.org)

### APPLICANT INFORMATION (PLEASE PRINT OR TYPE) - Please include a self-addressed envelope if mailing

Printed Name of Person Completing Application

Residential Address – Number, Street

City

State

Zip Code

Telephone #

Purpose of Request

Name of Person Receiving copies **if different from person completing application – Please include an addressed envelope if mailing**

Mailing Address **if different from above**

City

State

Zip Code

Total # of copies purchasing

Amount enclosed – Check payable to **Office of Vital Statistics**  
\$

Driver's License # (or other gov't issued ID)

### CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

First Name

Middle Name

Last Name

City of Death

County of Death

Date of Death – Month/Day/Year

Name of Spouse – Husband, Wife or Domestic Partner of Decedent

## SWORN STATEMENT

I, \_\_\_\_\_, declare 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 103526c, and am eligible to receive a certified copy of the birth or death record of the following individual:

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate <small>(Must Be a Relationship Listed on Page 1 of Application)</small>

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.

(day) (month) (city) (state)

\_\_\_\_\_  
Applicant's Signature

**Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgement below. The Certificate of Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)**

### CERTIFICATE OF ACKNOWLEDGEMENT

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 \_\_\_\_\_ )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_  
(Insert name and title of the officer)

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

**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