## 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.
- [ ] 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.
- [ ] 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

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

**Printed Name of Person Completing Application**

<table>
<thead>
<tr>
<th>Residential Address – Number, Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone #</td>
<td>Purpose of Request</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mailing Address if different from above</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Total # of copies purchasing**

<table>
<thead>
<tr>
<th>Amount enclosed – Check payable to Office of Vital Statistics</th>
<th>Driver’s License # (or other gov’t issued ID)</th>
</tr>
</thead>
</table>

**CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)**

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Death</td>
<td>County of Death</td>
<td></td>
</tr>
<tr>
<td>Date of Death – Month/Day/Year</td>
<td>Name of Spouse – Husband, Wife or Domestic Partner of Decedent</td>
<td></td>
</tr>
</tbody>
</table>
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:

<table>
<thead>
<tr>
<th>Name of Person Listed on Certificate</th>
<th>Applicant’s Relationship to Person Listed on Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(Must Be a Relationship Listed on Page 1 of Application)</td>
</tr>
</tbody>
</table>

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________________________ 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