



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 A VITAL RECORD**

**For use by FUNERAL HOMES ONLY**

California Health & Safety Code Section 103526 permits only authorized persons to receive certified copies of death records.

**Death Certificate\*\* \$23/each ♦ Burial Permit \$12/each**

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 103526(c), and am eligible to receive a certified copy of death record of the below decedent:

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

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

\_\_\_\_\_  
Signature

**FUNERAL HOME INFORMATION (PLEASE PRINT OR TYPE) - Please include a self-addressed envelope if mailing**

Printed Name of Funeral Home		Telephone Number of Funeral Home				
Funeral Home Address – Number, Street		City	State	Zip Code		
Name of Person Receiving copies if different from person completing application and mailing – Please include an addressed envelope						
Mailing Address if different from above		City	State	Zip Code		
Total #. of copies purchasing	Dollar amount enclosed Check payable to <b>Office of Vital Statistics</b> \$	<b>VA Copy** – See Below</b>	# with pending	# with cause	# with amendments	For Office Use Only: RECORD #

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

Fetal Death – Check Here

First Name	Middle Name	Last Name
AKA	Date of Death	City of Death

**\*\* Family member or legal representative completes the VA Application for Certified Copy of Vital Record. Fee exempt copy of record now must be mailed directly to the VA Office noted on application by the requestor.**