



# 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 A DEATH RECORD FOR FUNERAL HOMES ONLY

Please indicate the quantity of each item you would like to purchase, total amount enclosed and complete sworn statement

ITEM	QTY	PRICE	TOTAL
Death Certificate <i>Amended Copies?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		X \$26.00	=\$
Fetal Certificate		X \$26.00	=\$
Burial Permit		X \$12.00	=\$
NCD Letter		X \$15.00	=\$
<b>TOTAL AMOUNT ENCLOSED</b> <i>(payable to Office of Vital Statistics)</i> Check Enclosed # _____			\$

### 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\_\_\_\_,  
(Day) (Month)  
at \_\_\_\_\_, \_\_\_\_\_.  
City (State)

\_\_\_\_\_  
Signature

### In-person orders ONLY - Funeral home agent sign here to confirm receipt of certified copies

\_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
SIGNATURE (Day) (Month)

### 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 – Please include a self-addressed envelope if mailing)			
Mailing Address (if different from above)	City	State	Zip Code

### DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

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

**\*\* If requesting a copy for US Department of Veterans Affairs please contact our office for further assistance.**