



SAN MATEO COUNTY HEALTH – Office of Vital Records

1600 W. Hillsdale Blvd #203 San Mateo, CA 94402 Telephone 650.573.2395 Fax 650.573.2576 www.smchealth.org

MAIL APPLICATION TO: P.O. BOX 5127 REDWOOD CITY, CA 94063

APPLICATION FOR CERTIFIED COPY OF A DEATH RECORD FOR FUNERAL HOMES ONLY

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	=\$
TOTAL AMOUNT ENCLOSED <i>(payable to Office of Vital Records)</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

* If requesting death certificates with an amendment, please verify the amendment is registered and available. The office will not be held responsible if order is received before amendment is registered.

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

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

*The Office of Vital Records is not responsible for records lost in transit by the United States Postal Service, FedEx or any other carriers and will not provide replacement certificates without repayment of fees. Applicant may also provide a return receipt envelope for the mailing of requested certificates to ensure delivery.