Santa Barbara County PUBLIC Health DEPARTMENT

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

Office of Vital Records
345 Camino Del Remedio, 3rd Floor, Rm. 320
Santa Barbara, CA 93110
(805)681-5150

In effort to reduce identity theft, California Health and Safety Code 103526 permits only authorized persons as defined below to receive certified AUTHORIZED copies of death records. Those who are not authorized by law to receive a certified authorized copy will be receive a Certified INFORMATIONAL copy marked: ***"INFORMATIONAL, NOT VALID TO ESTABLISH IDENTITY"****.*

Fee: $21 per copy (payable to: County of Santa Barbara).
Mailing Fee $2 per order

Please indicate the type of certified copy you are requesting:

☐ *I would like a* ***Certified Copy.*** *This copy will establish the identity of the registrant. (To receive a Certified Copy you* ***MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT*** *by selecting from the list below* ***AND COMPLETE THE ATTACHED SWORN STATEMENT*** *declaring that you are eligible to receive the Certified Copy. The Sworn Statement* ***MUST BE NOTARIZED if*** *the application is submitted by mail* ***unless you are a law enforcement or local or state governmental agency****.)*	☐ *I would like a* ***Certified Informational Copy.*** *This document will be printed with a legend on the face of the document that states,* ***"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."*** ***(A Sworn Statement does not need to be provided.)***

NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.

To receive a **Certified Copy** I am:

- ☐ A parent or legal guardian of the registrant.
- ☐ A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- ☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. *(Companies representing a government agency must provide authorization from the government agency.)*
- ☐ A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
- ☐ An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statue or appointed by a court to act on behalf of the registrant or the registrant's estate. *(If you are requesting a Certified Copy under a power of attorney, please be prepared to show a copy of the power of attorney.*
- ☐ An individual described in paragraphs (1) to (8), inclusive, of subdivision (a) of the Health and Safety Code 7100. Agent under power of attorney for healthcare, surviving competent adult person respectively in the next degree of kinship, conservator of the person or the person's estate.
- ☐ Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (8), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

APPLICANT INFORMATION ***Today's Date*** _____

Printed Name and Signature of Applicant			*Number of Copies*	*Amount Enclosed*
Mailing Address – Number , Street	*City*	*State*	*Zip Code*	*Telephone Number* ( )

DECEDENT INFORMATION

Name of Decedent – First	*Middle*	*Last*
Date of Death – MM/DD/CCYY	*Sex* ☐ *Female* ☐ *Male*	*City of Death*
Mother/Parent Birth Name as it appears on certificate – (First, middle, last)		
Father./Parent Birth Name as it appears on certificate – (First, middle, last)		

****FOR OFFICIAL USE ****	***Check #***	***Amount $***	***Verified***

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California,
(Applicant's Printed Name)

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 the birth or death record of the following individual(s):

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

(The remaining information must be completed in the presence of a Notary Public or Office of Vital Records staff.)

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 Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public.
(Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

A notary or other office completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the thruthfulness, accuracy or validity of that document.

State of _____)

County of _____)

On _____ before me, _____, personally appeared _____,
(here 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.

WITNESS my hand and official seal.

(SEAL)

_____
Signature

Rev 10/2018