**Application for Certified or Informational Copy of Death Certificate**

**Out of County Mortuary Use**

California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive authorized certified copies of death records. Those who are not authorized by law to receive an Authorized Certified Copy will receive a certified copy marked “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”.

- **I am requesting an Authorized Certified Copy**
- **I am requesting a Certified Informational copy**

**I am:**
- A parent or legal guardian of the registrant.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- A party entitled to receive the record as a result of a court order, or an attorney or 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 law enforcement agency or a representative of another governmental agency, as provided by law, conducting official business.
- 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.
- An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of the Health and Safety Code 7100. An 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.
- An agent or employee of a funeral establishment who acts within the course and scope of his/her employment and who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (8), inclusive of subdivision (a) of Health and Safety Code Section 7100.

<table>
<thead>
<tr>
<th>Decedent’s Name (First, Middle, Last)</th>
<th>Date of Death</th>
<th>FOR INTERNAL USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Death</td>
<td>Applicant Name</td>
<td>DC’s ($21) x ____</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Permits ($12) x _____</td>
</tr>
<tr>
<td>Funeral Establishment Name and Address:</td>
<td>Total Amount Enclosed: $ _________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Check #</td>
<td>Date Issued _________</td>
</tr>
</tbody>
</table>

Number of copies:
- ☐ Veteran’s copy _______
- ☐ Pending Copies _______
- ☐ Amended Copies _______
- $21.00 per copy + $2.00 Mailing fee or include a self-addressed pre-stamped envelope

I ________________________________ swear (or affirm) under penalty of perjury that I am an authorized person, as defined in California Health and Safety Code Section 103525(c), and I am eligible to receive an AUTHORIZED certified copy of the death record on this application form.

Sworn this ______ day of _________, ______ at ________, CA

Signature ____________________________

**There is an additional $2 mailing fee on all orders or provide self-addressed pre-stamped envelope**

VR office is NOT responsible for items lost in the mail.

Visit our website at [www.countyofsb.org/phd](http://www.countyofsb.org/phd) for filing information, forms and fee updates.