

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD - \$12 per copy

(VITAL STATISTICS STORES DEATH CERTIFICATE RECORDS ONLY FOR THE CURRENT YEAR AND ONE YEAR PAST. ALL YEARS ARE STORED AT COUNTY CLERK)

In an attempt to stop the illegal use of vital records, and as part of statewide efforts to reduce identity theft, a new law (effective July 1, 2003) changed the way certified copies of death certificates are issued. **Certified Copies** to establish the identity of a registrant can be issued only to authorized individuals, as indicated below. All others will be issued **Certified Informational Copies** that are not valid to establish identity.

SECTION 1: DEATH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)						
First Name of Decedent		Middle Name of Decedent		Last Name of Decedent		
Date of Death	Gender	City of Death		FOR OFFICE USE ONLY		
Father's Name		When copies completed:				Date Received _____ No. _____
Mother's Name		<input type="checkbox"/> Pick Up <input type="checkbox"/> Mail				Date Prepared _____ Issued by _____
				Receipt # _____	CC Auth # _____	

SECTION 2: APPLICANT INFORMATION (PLEASE PRINT OR TYPE)							
Your Name and Last Name (printed)		Mailing address and zip code		Tel. _____		No. of copies requested _____	
Name of Person Receiving Copies, if Different From Above				Mailing Address for Copies, if Different From Above			

IF APPLYING IN PERSON, GO TO 625 – 5TH ST. SANTA ROSA (corner of 5th & Riley St.) 8:00—4:30 P.M. PHOTO ID IS REQUIRED.

IF MAILING YOUR APPLICATION: the sworn statement on the back of this form must be notarized (see attached instructions).

<input type="checkbox"/> 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. Complete the Sworn Statement on the back of the form declaring that you are eligible to receive the Certified Copy. The Sworn Statement must be notarized if the application is submitted by mail.)	<input type="checkbox"/> 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.)
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To receive a **Certified Copy** I am:

- A parent or legal guardian of the registrant (person listed on the certificate.)
- 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.
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting an official business. (Companies representing a government agency must provide authorization from the government agency.)
- 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. (If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)
- 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 any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

INFORMATION: Death records are maintained in this office for the current year and one year past. We are located at 625 – 5th Street, downtown Santa Rosa at the corner of 5th and Riley Street. Death certificates for all years are stored at County Clerk, 2300 County Center Drive, B-177, Santa Rosa, CA 95403. Tel. 707-565-2645

INSTRUCTIONS:

1. For a Regular Certified copy, complete the entire form.
2. For an Informational Certified copy, mark the Informational Copy box, and complete Sections 1 and 2 of this form. The cost is the same--\$12.00.
3. If you submit your order in person, you must:
 - Sign a sworn statement in the presence of an Office of Vital Statistics employee.
 - Show photo identification.
 - Submit payment by check, cash, postal or bank money order, MasterCard or Visa credit card.
4. **If you submit your request by mail, the sworn statement must be signed in the presence of a Notary Public.** PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose death certificate you wish to obtain and your relationship to that individual. Note: A Funeral Director ordering copies on behalf of an individual specified in paragraphs (1) to (5) inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.
5. Use a separate application form for each different record of death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
6. If you indicate that you want to pick up the certificate at our office, please be sure your phone number is legible so that we may contact you when it is ready.
7. Faxed requests are acceptable if the notarized portion of the application is valid and readable AND is processed in conjunction with a phone call from the applicant paying for the certificate with a Visa or MasterCard credit card. After the credit card transaction is completed AND the faxed notarized application is received, a certified copy will be mailed to you. You may call from 9:00 a.m. – 4:00 p.m., Pacific Time, to request this service. Our phone number is: 707-565-4407 and our fax number is 707-565-4413.
8. Submit \$12.00 for each certified copy requested. If no record of death is found, the \$12.00 fee will be retained for searching as required by statute. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application in the form of a personal check, postal or bank money order made payable to **Sonoma County Health Department**. Mail this application with the fee(s) to the Office of Vital Statistics, 625 5th Street, Santa Rosa, CA 95404.

Additional application forms may be obtained through our web site:

www.sonoma-county.org/health/ph/vital_statistics/index.htm

Office of Vital Statistics
625 – 5th Street
Santa Rosa, CA 95404

DEATH

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State
(Printed Name)

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 the death record of the following individual(s):

Name of Decedent	Relationship to Decedent

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

Sworn this date: _____, at _____, _____.
(Today's Date) (City) (State)

(Signature)

Note: If submitting your order by mail or fax, you must have your sworn statement notarized using the Certificate of Acknowledgment below. If submitting your order in person, you must sign this in the presence of Vital Statistics staff. (Las enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
County of _____) ss

On _____, before me, _____, personally
(Insert your name and title)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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.
(NOTARY SEAL)

NOTARY SIGNATURE