San Francisco Department of Public Health
OFFICE OF VITAL RECORDS
Death Registry
City Hall 1 Dr. Carlton B. Goodlett Place, Room 160
San Francisco, CA 94102
Ph: **(628) 754-6440** Fax: **(628) 754-6445**
Open: **Monday – Friday**
9:00 a.m. – 11:30 a.m.
1:00 p.m. – 3:30 p.m.

City and County of San Francisco

APPLICATION FOR MORTUARY PURCHASES (FUNERAL HOME/MORTUARY USE ONLY)

Purchasing Information:
- Attach business check or money order, payable to DPH, and the 4th copy of disposition permit for each decedent.
- For walk up expedites, please allow 2 hours. Fax request ahead of time for your convenience.
- For expedited death registrations weekend/holidays, please email emergencydeathregistrations@sfdph.org
- An additional fee of $42 will apply to all weekend/holiday registrations.

ITEMS	TOTALS	PRICE	TOTAL
Death Certificate		x $26.00	= $
Fetal Death Certificate		x $23.00	= $
Burial Permit		x $12.00	= $
NCD Letter		x $15.00	= $
Expedite Fee - Walk Up		x $30.00	= $
Expedite Fee – Weekend/Holidays Registrations		x $42.00	= $
TOTAL AMOUNT ENCLOSED			= $

SWORN STATEMENT

I, _____
(Printed Name)

Swear under penalty of perjury under the laws of the State of California, that I am an agent or employee of a Funeral establishment ordering certified copies of a Death Certificate(s) on behalf of my client and am eligible to receive an unrestricted, certified copy of the death record of the decedent listed below.

Sworn this:
_____ day of _____, 20____, at _____, CA
(day)   (month)   (year)   (city)

_____
(signature)

APPLICANT INFORMATION

Organization Name		Telephone Number ( )
First & Last Name		☐ U.S. Mail to me at this address
Address – Number, Street		
City, State & Zip Code		☐ I will pick up from City Hall, Room 162

DECEDENT INFORMATION

First Name	Last Name	Date of Death	EDRS / FDRS Record Number	Death Cert	Fetal Death	Burial Permit	NCD Letter

ORDER LOGISTICS NUMBER: