

DEATH CERTIFICATE INSTRUCTIONS**INSTRUCTIONS:**

1. **Only** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record. (Page 1 identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy, which will be marked, "Informational, Not a Valid Document to Establish Identity."
2. Complete a separate application for each death record you are requesting.
3. Complete the **Applicant Information** section on Page 1 and provide your signature where indicated. In the **Decedent Information** section, provide all the information you have available to identify the death record. If the information you provide is incomplete or inaccurate, we may not be able to locate the record.
4. **SWORN STATEMENT:**
 - The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring under penalty of perjury that they are eligible to receive the certified copy of the birth record and identify their relationship to the registrant (person listed on the certificate) – the relationship must be one of those identified on Page 1 of the application.
 - If the application is being submitted by mail, the Sworn Statement must be notarized by a US Notary Public. (To find a Notary Public, see your local yellow pages or call your banking institution.) **Please note:** Acknowledgements executed by Notaries Public outside of the USA are not accepted. Sworn Statements must be taken before an Ambassador, Minister, Consul, Vice Consul, or Consular Agent of the United States, or before any Judge of a Court of record having a seal in such foreign country. (CA CCP 2014) Law enforcement and local and state governmental agencies are exempt from the notary requirement.
 - You do not have to provide a Sworn Statement if you are requesting a Certified Informational Copy of the death record.
5. **Submit \$24 for each copy** requested and a self-addressed prepaid stamped return envelope. If no record is found, the \$24 fee will be retained for searching for the record (as required by law), and a "Certificate of No Public Record" will be issued to the applicant. Indicate the number of copies you are requesting and include the correct fee(s) in the form of a personal check preprinted with the account holder's name from a U.S.A. issued bank, no foreign checks or international money orders. PLEASE SUBMIT CHECK OR MONEY ORDER – DO NOT SEND CASH (NOT RESPONSIBLE FOR FEES PAID IN CASH THAT ARE LOST, MISDIRECTED, OR UNDELIVERED). If you require return tracking or guaranteed delivery of your fulfilled order, you must provide a prepaid return air bill guaranteeing tracking and delivery, i.e., Federal Express, USPS Priority, UPS, or other. We are not responsible for non-delivery or non-receipt of fulfilled orders by your chosen return delivery method. Mail the completed application with the fee(s) and self-addressed prepaid stamped return envelope to the address below.

Office of Vital Records
101 Grove Street, Room 105
San Francisco, CA 94102

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

PLEASE READ THE INFORMATION AND INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

As part of statewide efforts to prevent identity theft, California law (Health and Safety Code Section 103526) permits only authorized individuals as listed on the application to receive certified copies of records. All others will be issued **Certified Informational Copies** printed with **"Informational, Not A Valid Document to Establish Identity."** Please indicate the type of certified copy you are requesting:

- | | |
|--|---|
| <input type="checkbox"/> I want 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, local, or state governmental agency . | <input type="checkbox"/> I want a Certified Informational Copy . This document will be printed with "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."
(A Sworn Statement does NOT need to be provided.) |
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Fee \$24 per copy (payable to SF Department of Public Health). If mailing in an application, PLEASE SUBMIT A CHECK preprinted with the account holder's name, or a money order from a USA-issued institution. NO FOREIGN CHECKS OR INTERNATIONAL MONEY ORDERS ACCEPTED - DO NOT SEND CASH (We are not responsible for fees paid in cash that are lost, misdirected, or undelivered). If no record is found, the \$24 fee will be retained for searching for the record (as required by law), and a "Certificate of No Public Record" will be issued to the applicant.

NOTE: Both documents are certified copies of the original document on file with our office. Except for the redaction of signatures and Social Security Numbers, the documents contain the same information.

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

- ☐ The registrant (person listed on the certificate) or a parent or legal guardian of the registrant (**legal guardian must provide documentation**).
- ☐ A party entitled to receive the record as a result of a court order (**Please include a copy of the court order.**)
- ☐ 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 business card is not substantiation.**)
- ☐ 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 statute or appointed by a court to act on behalf of the registrant or the registrant'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 (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.
- ☐ Appointed rights in a power of attorney, or as an executor of the registrant's estate. (**Please include a copy of the power of attorney or supporting documentation identifying you as executor.**)

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)**Today's Date:**

Agency Name (if appropriate)		Agency Case No.		Purpose of Request	
Print Name of Applicant		Signature of Applicant			
Mailing Address – Number, Street		Amount Enclosed DO NOT SEND CASH \$		Number of Copies	
		Email Address			
City		Name of Person Receiving Copies, if Different from Applicant			
State/Province	ZIP Code	Mailing Address for Copies, if Different from Applicant			
Daytime Telephone (include area code) ()	Country	City	State	ZIP Code	

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

DECEDENT FIRST Name	MIDDLE Name	LAST Name	Sex ____Female____Male
City of Death (must be in San Francisco) San Francisco	County of Death San Francisco	Date of Birth – MM/DD/CCYY	State of Birth
Date of Death – MM/DD/CCYY (If unknown, enter approximate date of death)		Social Security Number	Was the record amended? ____Yes____No
Mother/Parent BIRTH Name – (First, Middle, Last)		Name of Spouse/Domestic Partner of Decedent (First, Middle, Last)	

FOR OFFICE USE ONLY	ISSUE DATE – MONTH, DAY, YEAR	LRN	OTHER/# COPIES
	BANKNOTE NUMBER	RECEIPT NUMBER	BY: _____ DEPUTY

DEATH

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 eligible to receive a certified copy of the birth, death, or marriage certificate of the following individual(s):

Registrant (Name of person whose certificate you are requesting)	Applicant's Relationship to Person Listed on Certificate (Must be a relationship listed on page 1 of the application)

(The remaining information must be completed in the presence of a Notary Public or SFDPH 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. A Notary Public must complete the Certificate of Acknowledgment. (Law enforcement, local, and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____

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

County of _____)

On _____ before me _____, _____ personally appeared _____,
(insert name) (insert title)

who proved to me based on 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 OF NOTARY PUBLIC