



City and County of San Francisco

San Francisco Department of Public Health

OFFICE OF VITAL RECORDS

Death Certificate Issuance

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.

APPLICATION FOR DEATH CERTIFICATE ISSUANCE PURCHASES (FUNERAL HOME/MORTUARY USE ONLY)

Purchasing Information:

1. Include Business Check or Money Order payable to DPH.
2. For walk up expedites, please allow 2 hours. Fax request/s ahead of time for your convenience.

ITEMS	TOTALS	PRICE	TOTAL
Death Certificate		x \$24.00	= \$
Fetal Death Certificate		x \$21.00	= \$
Expedite Fee - Walk Up**		x \$30.00	= \$
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		<input type="checkbox"/> U.S. Mail to me at this address
Address – Number, Street		
City, State & Zip Code		<input type="checkbox"/> I will pick up from 1 Dr. Carlton B. Goodlett Place, Room 160

DECEDENT INFORMATION

First Name	Last Name	Date of Death	EDRS / FDRS Record Number	Death Cert	Fetal Death

ORDER LOGISTICS NUMBER: