Please complete the reverse of this page

County of San Diego - Health and Human Services Agency
Public Health Services - Office of Vital Records and Statistics
APPLICATION FOR A **DEATH CERTIFICATE, DISPOSITION OF HUMAN REMAINS**,OR **CERTIFICATION OF NO PUBLIC RECORD**

$24.00 Fee per Certificate/$12.00 per Burial Permit

California State Law, Health and Safety Code, Section 103526, permits only authorized individuals as listed on the application to receive certified copies of Death Records. Those who are not authorized by Law to receive a certified copy will receive an informational certified copy marked **"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."** If we cannot identify the record based on the information you provided, State Law requires that we retain the fee and issue a **"Letter of No Record."**

FOR OFFICIAL USE ONLY
Type of identification provided, if processed in person:
- ❑ Driver's License
- ❑ Passport
- ❑ Military ID
- ❑ Other _____

☐ I would like an **Authorized Certified Copy** of the record identified on the application form. ***(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)***

☐ I would like an **Informational Certified Copy** of the record identified on the application form. ***(You are not required to select from the list below or complete the statement of identity.)***

I am:

☐ The parent or legal guardian of the registrant (Legal guardian must provide documentation.)

☐ 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 child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. (Or Relative described in HSC§7100 (a)(1)-(8))

☐ Surviving Next of Kin (specified in HSC §7100 (a)(1)-(8))

☐ An Attorney representing the registrant or the registrant's estate, or Executor of the Registrant's Estate or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (Include a copy of the power of attorney, or documentation identifying you as executor with this application form)

☐ Any agent or employee of a funeral establishment (Acting within scope of employment and on behalf of persons specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.
Funeral Establishment name:

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Name of Person Completing Application	Today's Date	Telephone Number – (Area Code First)

Address – Number, Street	City	State	ZIP Code

DECEDENT'S INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent – First (Given)	Middle	Last (Family)	Date of Death

Number of Copies Requested:

TO BE COMPLETED BY FUNERAL ESTABLISHMENT OR COUNTY:

DC_____ $_____ Year _____ Registration # _____

- ☐ Physician Amendment
- ☐ General Amendment
- ☐ Mail
- ☐ Pick Up

Search Fee _____ $_____ BP _____ $_____
Fetal _____ $_____ Fax fee _____ $_____
VA _____ Stillbirth _____ $_____

Receipt Signature:_____ BN #_____ BY:_____ DATE: _____

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am
(Print Name)
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 Person Listed on Certificate	Number of Copies	Applicant's Relationship to Person Listed on Certificate

Subscribed to this _____ day of _____, 20_____, at _____, _____.
(Day) (Month) (Yr) (City) (State)

_____
(Applicant's Signature)

Note: If submitting your order by mail and requesting a Certified Copy, you must have your sworn statement notarized using the Certificate of Acknowledgment below. The notary is only verifying the identity of the person requesting the copy not the relationship to the registrant. Only one notarization is required even though the requestor may have a different authorized relationship to each being requested, (i.e. Mother on one request, Registrant on another request, etc.).

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 to the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____ County of _____

On _____ before me, _____, Notary Public,
(Insert name of the officer)

Personally appeared _____ who proved to me on the basis of 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.

☐ Personally Known ***OR*** ☐ Produced Identification.

Type of Identification produced _____

WITNESS my hand and official seal

_____
NOTARY SIGNATURE

Please mail this request along with your payment (check or money order payable to County of San Diego Public Health Services) to:

County of San Diego
Office of Vital Records
5530 Overland Avenue, Suite 170
San Diego, CA 92123