

**APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**

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.

Fees: \$16 per copy (payable to the Sonoma County Clerk).

Please indicate the type of certified copy you are requesting:

<input type="checkbox"/> I would like a <b>Certified Copy</b> . This copy will establish the identity of the registrant. (To receive a Certified Copy you <b>must</b> indicate your relationship to the registrant by selecting from the list below <b>AND</b> complete the attached Sworn Statement declaring that you are eligible to receive the Certified Copy. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail.)	<input type="checkbox"/> I would like a <b>Certified Informational Copy</b> . This document will be printed with a legend on the face of the document that states, <b>"INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY"</b> . (A sworn statement does not need to be provided.)
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**NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, the documents contain the exact same information.**

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

- A parent or legal guardian of the registrant (person listed on the certificate).
- 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 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.
- 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.*)
- An 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.

**DO NOT complete the rest of this form before reading the detailed instructions on Page 3.**

**APPLICANT INFORMATION** (PLEASE PRINT OR TYPE)

Printed Name <b>and Signature</b> of Person Completing Application		Today's Date	Telephone Number – Area Code First (    )	
Address – Number, Street	City		State	ZIP Code
Name of Person Receiving Copies, if Different From Above	No. of Copies	Amount Enclosed	Purpose of Request	
Mailing Address for Copies, if Different From Above	City		State	ZIP Code

**DECEDENT INFORMATION** (PLEASE PRINT OR TYPE)

Name of Decedent – First (Given)		Middle	Last (Family)		Sex
Place of Death – City or Town	Place of Death – County	Place of Birth		Date of Birth	
Date of Death – Month, Day, Year (Or Period of Years to be Searched)			Social Security Number		
Mother's Maiden Name			Name of Spouse (Husband or Wife of Decedent)		

**DEATH**

**SWORN STATEMENT**

**(\*Required for certified copy of record. This sworn statement is not required when requesting an Informational certified copy which is not valid to establish identity)**

**\*Any member of a law enforcement agency or a representative of a state or local government agency, as provided by law, who orders a copy of a record to which subdivision (a) applies in conducting official business is required to complete the Sworn Statement, however, they may not be required to have their signature on the Sworn Statement acknowledged by a Notary Public.**

I, \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California,  
(Printed Name)

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 the Person Listed on the Death Certificate	Your Relationship to the Person Listed on the Death Certificate

*(The remaining information must be completed in the presence of a Notary Public or County Clerk staff.)*

Subscribed to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
(Day) (Month) (City) (State)

\_\_\_\_\_  
(Signature of person requesting certified copy)

**Note: If submitting your order by mail or fax, you must have your signature on the Sworn Statement acknowledged by a Notary Public using the Certificate of Acknowledgment below. If submitting your order in person, you must sign this in the presence of County Clerk staff.**

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_ )  
 ) ss  
County of \_\_\_\_\_ )

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

## INSTRUCTIONS:

1. As of July 1, 2003, **ONLY** individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record to establish identity of the registrant. (Page 1 of the application 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 form for each record of death requested.
3. Complete the **Applicant Information** section on the first page of this form and provide your signature where indicated. Provide all the information you have available to identify the record of the registrant under **Death Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible 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 death record and identify their relationship to the registrant.
  - If the application is being submitted by mail or fax, your signature on the Sworn Statement **must be** acknowledged by a Notary Public. (To locate a Notary Public, see your local yellow pages or call your banking institution.)
  - Any member of a law enforcement agency or a representative of a state or local government agency, as provided by law, who orders a copy of a record to which subdivision (a) applies in conducting official business must complete the Sworn Statement, however, they may not be required to have their signature on the Sworn Statement acknowledged by a Notary Public.
  - An agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders death certificates on behalf of individuals specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 must complete the Sworn Statement, however, they shall not be required to have their signature on the Sworn Statement acknowledged by a Notary Public.
  - If the application is being submitted in person at the County Clerk's Office, the Sworn Statement **must be signed by you in the presence of County Clerk staff, and your signature does not have to be acknowledged by a Notary Public. You must also provide valid photo identification to the County Clerk staff at the time you apply for the copy.**
  - A Sworn Statement does not need to be provided if you are requesting a Certified Informational Copy of the death record.
5. Submit \$16 for **each** certified copy requested. If no record of the death is found, the \$16 fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant. Indicate the number of certified copies you wish and include the correct fee(s) in the form of a personal check, postal or bank money order (International Money Order for out-of-country requests) made payable to the **Sonoma County Clerk**. Mail this application with the fee(s) and a self-addressed stamped envelope to:  
Vital Records Division  
Sonoma County Clerk  
2300 County Center Dr Ste B177  
Santa Rosa CA 95403
  6. Credit card orders may be processed on-line at [www.vitalchek.com](http://www.vitalchek.com). Additional costs apply for processing orders using a credit card. Please follow the directions on Vitalchek's website if ordering using a credit card.

Sonoma County Clerk  
2300 County Center Dr Ste B177  
Santa Rosa CA 95403  
707-565-2645 (phone)  
707-565-3957 (fax)