

## APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

### Death records for the current and past calendar year

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION**

**CERTIFICATE TYPE:** ☐ I am requesting an AUTHORIZED COPY (notarized sworn statement required)  
**\$26 per copy** ☐ I am requesting an INFORMATIONAL COPY

Today's Date: \_\_\_\_\_ Amount Enclosed: \$ \_\_\_\_\_

Number of Copies: \_\_\_\_\_ Is this an Amended Copy? ☐ No ☐ Yes ☐ Unknown

**Part 1 - Relationship to Person on Certificate (Registrant):** *Check appropriate box.*

- ☐ A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner 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.)**
- ☐ Any person 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.)**
- ☐ An attorney representing the registrant or the registrant's estate.
- ☐ An agent or employee of a funeral establishment (acting within the scope of employment and on behalf of persons specified in HSC § 7100 (a) (1)-(8)).
- ☐ Surviving next of kin (As specified in HSC § 7100).

**Part 2 - Death Record Information:** *Complete the information below as shown on the death record.*

FIRST Name	MIDDLE Name	LAST Name
Place of Death (City or Facility Name)		Date of Death - MM/DD/YYYY (or approximate date)
Served in Armed Forces (Veteran) <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown		

**Part 3 - Applicant Information:** *Please PRINT all information legibly.*

Applicant Name	Agency Name (if applicable)	
Mailing Address: Number, Street, and Unit # (if applicable)		
City	State/Province	Zip Code
Telephone (include area code)	If mailed, how do you want the copies returned? <input type="radio"/> Mailed <input type="radio"/> Pick up	

**Official Use Only**

Date Copy Issued	Clerk Initials	LR#	Banknote Paper #
------------------	----------------	-----	------------------

**ALL SALES FINAL: NO REFUNDS OR REPLACEMENTS ON CERTIFICATES**

## SWORN STATEMENT

**Must be completed for authorized copies.** Also, must be completed in front of a Notary or Vital Records staff unless exempt (i.e., law enforcement, governmental agencies, and funeral establishments).

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

Name of Registrant (Person identified on the certificate)	Applicant's Relationship to Registrant (Must be an authorized person)

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

\_\_\_\_\_  
(Applicant's Signature)

## CERTIFICATE OF ACKNOWLEDGMENT

This section must be completed for mailed applications requesting authorized copies unless exempt (i.e., law enforcement, governmental agencies, and funeral establishments).

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.

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(Date) (Insert name and title of the officer) (Applicant's Name)

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

WITNESS my hand and official seal.  
(SEAL)

\_\_\_\_\_  
(SIGNATURE OF NOTARY PUBLIC)

## Instructions

---

As part of statewide efforts to prevent identity theft, California law requires this office to issue 2 different types of certified copies: **authorized** and **informational**. Both types are certified copies of the original.

An **authorized certified copy** establishes the identity of the registrant (the person identified on the certificate). Only individuals who are authorized by Health and Safety Code section 103526 can obtain an authorized certified copy of a death record. Applicants requesting an authorized certified copy must complete the **Sworn Statement**, declaring that they are eligible to receive the authorized certified copy.

All other individuals are issued an informational certified copy, which is marked: "INFORMATIONAL NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

---

1. Complete a separate application for each death record requested. Public Health Services can provide death records for the current and past calendar year only.
2. Copies of amended certificates may be requested at the same time the amendment is submitted. The applicant receives a certified copy once the amendment is completed at a later date.
  - If you know that the record is being amended, and it is in the amended record that you want, please wait until after the amendment has been completed before requesting a certified copy.
3. At the top, indicate the number of copies and submit \$26.00 for **each** copy in the form of a check or money order, made payable to "San Joaquin County Public Health Services" in US dollars. Cash, checks, money orders, debit and most credit cards are acceptable in person.
  - A free copy of a death certificate may be issued to a veteran or victims of natural disasters (per executive order).
4. Part 1: check the appropriate box according to the relationship with the person on the certificate. **ONLY** authorized individuals (Health and Safety Code Section 103526) listed in Part 1 may obtain an authorized copy. All others may receive a certified informational copy that will be marked, "Informational, Not a Valid Document to Establish Identity."
5. Parts 2 and Part 3: complete sections. In Part 2, provide as much information as possible to help identify the record.
6. **SWORN STATEMENT:**
  - Only one sworn statement is required for multiple records.
  - Sworn statements are not required for informational copy requests.
  - Authorized individuals must complete the top portion of the attached sworn statement by signing and identifying their relationship to person listed on certificate.
  - Sworn statements must be notarized for authorized copy requests. **Law enforcement, governmental agencies, and funeral establishments (for death records only) are exempt from the notary requirement but must complete the top portion of the sworn statement page.**
7. Mail completed applications with the fee(s) to the address below:  
Public Health Services – Vital Records Unit, PO Box 2009, Stockton, CA 95201  
Include check or money order payable to: San Joaquin County Public Health Services