



APPLICATION FOR A CERTIFIED COPY OF A DEATH RECORD

NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see instructions)

California Health and Safety Code, Section 103526, permits only persons as defined below to receive **Certified Authorized Copies** of Death records. All others will be issued **Certified Informational Copies** which shall be marked **"INFORMATIONAL. NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."**

FEE: \$14 per copy. Please indicate whether you would like an authorized or an informational certified copy.

- | | |
|--|--|
| <input type="checkbox"/> I would like a Certified Authorized Copy . (To receive a Certified Copy you MUST INDICATE YOUR RELATIONSHIP TO THE DECEDENT by selecting from the list below. | <input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, "INFORMATIONAL. NOT A VALID DOCUMENT TO ESTABLISH IDENTITY." A sworn statement does not need to be provided. |
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I am: (Check the appropriate box below and circle the title, such as "child" or "attorney")

- The registrant OR parent or legal guardian of the decedent.
- A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the Death record in order to comply with the requirements of Section 3140 or 7603 of the Family code. (You must present documentation to support your relationship).
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. *You must present documentation to substantiate that you are acting on official business. **A business card is not substantiation.** Companies representing a government agency must provide authorization from the government agency.*
- A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the decedent.
- An attorney representing the decedent or the decedent's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the decedent or the decedent's estate. *You must present documentation from the estate. A BAR card is not substantiation. 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.)*
- A funeral director – Please download the Funeral Home/Mortuary Services application from our website or request an application from sfdph247@yahoo.com.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)			
Printed Name of Person Completing Application	Today's Date	Telephone Number – Area Code First ()	
Address – Number, Street	City	State	Zip
Email Address	Number of copies x \$14	Amount Enclosed \$	NO PERSONAL CHECKS See attached payment form for instructions
Name of Person/Agency receiving copies <i>if different from applicant</i>	Mailing Address (<i>if different</i>)		City, State, Zip Code
DEATH INFORMATION (PLEASE PRINT LEGIBLY OR TYPE)			
Decedent's Name – First (Given)	Middle	Last (Family)	
Date of Death – Month, Day, Year	Did the Death occur in San Francisco? <input type="checkbox"/> Yes <input type="checkbox"/> No	NOTE: Only San Francisco Deaths are available through this office	

DEATH RECORD APPLICATION



INSTRUCTIONS FOR REQUESTING VITAL RECORDS

1. If you are requesting a **Certified Informational Copy**, complete only the Applicant Information and Decedent Information portions of this form.
2. If you are requesting a **Certified Authorized Copy**, complete the entire form and attach the notarized Sworn Statement.

PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose birth certificate you wish to obtain and your relationship to that individual.

3. Use a separate form for each different record of birth for which you are requesting a copy. If you are requesting Certified Authorized copies, remember to identify each registrant on the sworn statement form.
4. Submit \$14 for each copy requested. Health and Safety Code 10360. The fee for any search of the files and records performed by the custodian of the records for **a specific record when no certified copy is made shall be paid in advance by the applicant**. The fee shall be the same as the fee required in Section 103625.
5. Government Requests: Health and Safety code 103660. A fee is required for making a certified copy of a vital record for any public entity, e.g. the State, the Regents of the University of California, a county, city, district, public authority, public agency, and any other political subdivision of public corporation in the State.
6. If you are mailing your request, payment must be in the form of a Money Order, Cashier's Check (**NO PERSONAL CHECKS**) made payable to: SFDPH/OVR (See attached payment form) and mailed to:

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

NOTE: Only San Francisco deaths are available through this office. For deaths occurring in other counties, you may contact:

California State Office of Vital Records – M.S. 5103
P.O. Box 997410,
Sacramento, CA 95899-4710
Phone: (916) 445-2684



SAN FRANCISCO COUNTY OFFICE OF VITAL RECORDS
SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of California, that I
(Printed Name)

am an authorized person, as defined on Page One (1) of this request and am eligible to receive a certified copy of the
birth and/or death record of the following individual(s):

Table with 2 columns: Name of Person listed on Certificate, Relationship to Person listed on Certificate. Contains 5 empty rows.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____,
(Date and Place)

_____,
(Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgement below.

CERTIFICATE OF ACKNOWLEDGEMENT

State of _____

County of _____

on _____, before me, _____, Notary Public,

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.

WITNESS my hand and official seal,
(NOTARY SEAL)

_____,
NOTARY SIGNATURE



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
OFFICE OF VITAL RECORDS

MAIL ORDER INSTRUCTIONS

When requesting a Birth or Death certificate by mail:

- Make sure the event (birth/death) occurred in San Francisco.
- Be aware that the Health and Safety Code directs our office to charge a fee for every search, whether or not a vital record is found.

To Order:



- Complete the application thoroughly and if you are requesting a Certified Authorized Copy, you must have the application notarized where indicated.
- If you want the order expedited, please enclose a pre-paid, pre-addressed expedited envelope from the courier (UPS, USPS) of your choice. Then, add an additional \$15 for the expedited service fee to your total.
- If you do not want to enclose a pre-paid, pre-addressed envelope but would like for your certificate to be sent via expedited mail, we offer Express Overnight 2nd Day Mail services (prices listed below).
- Fees: \$18 per birth certificate (BC) and \$14 per death certificate (DC). \$15 expedited service fee is in addition to the cost of the certificate.
- Send a money order made payable to SFDPH. NO PERSONAL CHECKS accepted.
- If you wish to use credit card, we accept MasterCard or Visa. Please enter the information on the following page.

EXPEDITED FEE AND POSTAGE FOR EXPRESS OVERNIGHT SERVICES 2nd DAY

EXPEDITED SERVICE FEE (NOT INCLUSIVE OF POSTAGE)	POSTAGE FOR 48 CONTIGUOUS UNITED STATES	POSTAGE FOR HAWAII, ALASKA AND CANADA	POSTAGE FOR METROPOLITAN CITIES IN EUROPE, EAST ASIA, AUSTRALIA AND NEW ZEALAND	POSTAGE FOR OUTLYING AREAS IN EUROPE, EAST ASIA, AUSTRALIA, NEW ZEALAND AND LATIN AMERICA
\$15.00	\$30.00	\$38.00	\$80.00	\$90.00



CREDIT CARD PAYMENT (VISA OR MASTERCARD ONLY)

ITEM	QUANTITY	TOTAL AMOUNT	PAYMENT METHOD
BIRTH CERTIFICATES			<input type="checkbox"/> MONEY ORDER/ <input type="checkbox"/> CASHIER'S CHECK ENCLOSED <input type="checkbox"/> CREDIT CARD NUMBER
DEATH CERTIFICATES		\$	  NAME OF CARDHOLDER
EXPEDITED FEE	-	\$15	EXPIRATION DATE ON CREDIT CARD
EXPRESS MAIL POSTAGE FEE		\$	
ORDER TOTAL		\$	ZIP CODE FOR CARD IF DIFFERENT FROM RETURN MAIL ADDRESS

Mail to: SFDPH – Office of Vital Records
 101 Grove Street, Room 105
 San Francisco, CA 94102

Please ensure:

- Application is enclosed (& notarized if necessary)
- Self-addressed, stamped envelope is enclosed OR you pay for Express Overnight 2nd Day mailing.
- Expedited fee of \$15 is added for expedited orders.