APPLICATION FOR CERTIFIED COPY OF DEATH RECORDS FOR 2021 AND 2022 ONLY: $24.00 per copy
DEATH CERTIFICATE RECORDS FOR ALL OTHER YEARS (including current year) are STORED AT COUNTY CLERK, www.Sonoma-County.org/CLERK

As part of statewide efforts to reduce identity theft, California law (Health and Safety code Section 103526) permits only authorization individuals as listed on the application to receive certified copies of death records. All others will be issued Certified Informational Copies marked with the legend, “Informational, Not a Valid Document to Establish Identity.”

Section 1: Death Certificate Information (Please print or type)

<table>
<thead>
<tr>
<th>First Name of Decedent</th>
<th>Middle Name of Decedent</th>
<th>Last Name of Decedent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Death</td>
<td>Gender</td>
<td>City of Death</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received _______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When copies completed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Pick Up</td>
</tr>
<tr>
<td>☐ Mail</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Father’s Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother’s Name</th>
</tr>
</thead>
</table>

Section 2: Applicant Information (Please print or type)

<table>
<thead>
<tr>
<th>Name of Person Completing Application</th>
<th>Mailing address and zip code</th>
<th>Telephone No.</th>
<th>No. of copies requested ______</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Person Receiving Copies, if Different From Above</th>
<th>Mailing Address for Copies, if Different From Above</th>
</tr>
</thead>
</table>

If applying in person, go to 415 Humboldt Street, Santa Rosa, CA 95404 Photo ID is required
If mailing or faxing your application: the sworn statement on the back of this form must be notarized, (see attached instructions).

☐ I would like a Certified Copy. This copy will establish the identity of the Registrant. To receive a Certified Copy, you must indicate your relationship to the registrant by selecting from the list below, AND complete the Sworn Statement on the back of the form declaring that you are eligible to receive the Certified Copy. The Sworn Statement must be notarized if the application is submitted by mail or fax.

□ 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.

To receive a Certified Copy I am:

☐ A parent, legal guardian or conservator of the registrant (person listed on the certificate). Legal guardian and conservator must provide documentation.

☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.

☐ A surviving next of kin (as specified in HSC 7100)

☐ A party entitled to receive the record as a result of a court order. Please include a copy of the court order.

☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting an official business. Companies representing a government agency must provide authorization from the government agency.

☐ 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

☐ Appointed rights in a power of attorney, or an executor of the registrant’s estate. Please include a copy of the power of attorney, or supporting documentation identifying you as executor.
Office of Vital Statistics  Sonoma County Department of Health Services

SWORN STATEMENT

I, _________________________________________, swear under penalty of perjury under the laws of the State of California that

(Printed Name)

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):

<table>
<thead>
<tr>
<th>Name of Decedent</th>
<th>Relationship to Decedent</th>
</tr>
</thead>
</table>

The remaining information must be completed in the presence of a Notary Public or Office of Vital Statistics staff.

Sworn this date: ______________________, at ___________________________, _______________
(Today’s Date)   (City)       (State)

________________________________
(Signature)

Note: If submitting your order by mail or fax, you must have your sworn statement notarized using the Certificate of Acknowledgment below. If submitting your order in person, you must sign this in the presence of Vital Statistics staff. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

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____________________ ) 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
We are located at 415 Humboldt Street, Santa Rosa, CA 95404. **Death records are maintained in this office for 2021 AND 2022 ONLY.**

**Death records for ALL OTHER YEARS** are available at County Clerk, 585 Fiscal Drive, Suite 103, Santa Rosa, CA 95403. Tel. 707-565-3800 [www.Sonoma-County.org/clerk](http://www.Sonoma-County.org/clerk)

**Instructions:**

1. For a Regular Certified copy, complete the entire form.

2. For an Informational Certified copy, mark the Informational Copy box, and complete Sections 1 and 2 of this form. The cost is the same—$24.00.

3. If you submit your order in person, you must:
   - Sign a sworn statement in the presence of an Office of Vital Statistics employee.
   - Show photo identification.
   - Submit payment by check, cash, postal or bank money order, MasterCard or Visa credit card.

4. **If you submit your request by mail, the sworn statement must be signed in the presence of a Notary Public.** 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 death certificate you wish to obtain and your relationship to that individual. Note: A Funeral Director ordering copies on behalf of an individual specified in paragraphs (1) to (5) inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.

5. Use a separate application form for each individual person for whom you are requesting a certified death certificate. You may request several copies for the same person on one form. If submitting your request by mail, remember to identify each certificate requested on the sworn statement.

6. If you indicate that you want to **pick up the certificate** at our office, please be sure your phone number is legible so that we may contact you when it is ready.

7. Faxed requests are acceptable if the notarized portion of the application is valid and readable AND is processed in conjunction with a phone call from the applicant paying for the certificate with a Visa or MasterCard credit card. After the credit card transaction is completed AND the faxed notarized application is received, a certified copy will be mailed to you. You may call from 9:00 a.m. – 4:00 p.m., Pacific Time, to request this service. Our phone number is: 707-565-4407 and our fax number is 707-565-4413.

8. Submit $24.00 for each certified copy requested. If no record of death is found, the $21.00 fee will be retained for searching as required by statute. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application in the form of a personal check, postal or bank money order made payable to Sonoma County Health Department. Mail this application with the fee(s) to the Office of Vital Statistics, 415 Humboldt Street, Santa Rosa, CA 95404.

Additional application forms may be obtained through our web site: [www.sonoma-county.org/health/services/deathcertificates.asp](http://www.sonoma-county.org/health/services/deathcertificates.asp)

**Office of Vital Statistics**

415 Humboldt Street
Santa Rosa, CA 95404
Tel. 707-565-4407

VS 113 Rev. 06/23/2022