

APPLICATION FOR CERTIFIED COPY OF DEATH RECORDS FOR 2019 AND 2020 ONLY: \$21.00 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)				
First Name of Decedent		Middle Name of Decedent	Last Name of Decedent	
Date of Death	Gender	City of Death	FOR OFFICE USE ONLY Date Received _____ No. _____ Date Prepared _____ Issued by _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover CC Auth #: _____	
Father's Name		When copies completed: <input type="checkbox"/> Pick Up <input type="checkbox"/> Mail		
Mother's Name				
Section 2: Applicant Information (Please print or type)				
Name of Person Completing Application		Mailing address and zip code	Telephone No.	No. of copies requested _____
Name of Person Receiving Copies, if Different From Above			Mailing Address for Copies, if Different From Above	

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).

<input type="checkbox"/> 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.	<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.
To receive a Certified Copy I am: <input type="checkbox"/> A parent, legal guardian or conservator of the registrant (person listed on the certificate). Legal guardian and conservator must provide documentation. <input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. <input type="checkbox"/> A surviving next of kin (as specified in HSC 7100) <input type="checkbox"/> A party entitled to receive the record as a result of a court order. Please include a copy of the court order. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> Any 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 of the Health and Safety Code. <input type="checkbox"/> 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.	

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 with 2 columns: Name of Decedent, Relationship to Decedent

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 _____)
County of _____) ss

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