



**APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**

Office of Vital Records

345 Camino Del Remedio, 3<sup>rd</sup> Floor, Rm. 320

Santa Barbara, CA 93110

(805)681-5150 Fax: (805)681-5141

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 birth 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.

Fee: **\$14 per copy** (payable to PHD-Vital Records).

Mailing Fee **\$2 per order**

Please indicate the type of certified copy you are requesting:

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 ATTACHED SWORN STATEMENT** declaring that you are eligible to receive the Certified Copy. The Sworn Statement **MUST BE NOTARIZED** if the application is submitted by mail unless you are a law enforcement or local or state governmental agency.)

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.)

**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.
- A party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the birth record in order to comply with the requirements of Section 3140 or 7603 of the Family Code.
- 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, brother or sister, 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 be prepared to show a copy of the power of attorney.)
- 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 an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

**APPLICANT INFORMATION**

Today's Date: \_\_\_\_\_

Printed Name and Signature of Applicant	Number of Copies	Amount Enclosed
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Mailing Address - Number, Street	City	State	Zip Code
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**DECEDENT INFORMATION**

Name of Decedent - Last	First	Middle
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Date of Death - MM/DD/CCYY	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	City of Death
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Mother/Parent Birth Name as it appears on certificate - (First, middle, last)

Father./Parent Birth Name as it appears on certificate - (First, middle, last)

# SWORN STATEMENT

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 record of the following individual(s):

Name of Person Listed on Certificate	Applicant's Relationship to Person Listed on Certificate (Must Be a Relationship Listed on Page 1 of Application)

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

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

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

*Note: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public.  
(Law enforcement and local and state governmental agencies are exempt from the notary requirement.)*

## CERTIFICATE OF ACKNOWLEDGMENT

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

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

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_,  
(here insert name and title of the officer)

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