

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD
Santa Cruz County Office of Vital Records

INSTRUCTIONS:

1. Complete a separate application form for each person's death record requested.
2. An **Authorized Certified Copy** of a death record will establish the identity of the decedent. An **Informational Certified Copy** contains the same information, but will not establish the identity of the decedent. California law permits only certain persons, as listed on the application, to receive Authorized Certified Copies of death records. Anyone else may receive only an Informational Copy, marked with the legend "**Informational, Not a Valid Document to Establish Identity.**"
3. In the top section of the application, specify whether you are requesting an Authorized Certified Copy or an Informational Certified Copy. If you are requesting only an Informational Copy, you do not need to complete the rest of the upper section or the sworn statement on the last page; just complete the "Death Certificate Information" and "Application Information" sections.

4. SWORN STATEMENT:

For an Authorized Certified Copy, you must complete the upper section of the application, identifying your relationship to the decedent, and you must sign the sworn statement.

If you apply in person, you must sign the sworn statement *in the presence of the Office of Vital Records staff.*

If you mail your request, your sworn statement and signature must be *notarized by a Notary Public.* (To find a Notary Public, see your local yellow pages or contact your banking institution.) Any request for an Authorized Certified Copy that does not include a notarized sworn statement will be returned without processing. Law enforcement and local and state government agencies are exempt from the notary requirement.

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.

5. Complete the **Death Certificate Information** section, providing all the information you have available to identify the death record. If the information you furnish is incomplete or inaccurate, we may not be able to locate the record. Complete the **Applicant Information** section and provide your **printed name and signature** where indicated.
6. You must complete the application with the correct address information in order to insure prompt processing.
7. **Submit \$14 for each Authorized Certified Copy or Informational Certified Copy requested.** Indicate the number of copies you want and which type you want, and include sufficient payment with this application, in the form of a personal check or a postal or bank money order (International Money Order for out-of-country requests) made payable to **HSA Vital Statistics.**

Submit **this application** with the **sworn statement** and **payment:**

(by mail, notarized:)

Office of Vital Records
P.O. Box 962
Santa Cruz CA 95061

(in person:)

Office of Vital Records
1430 Freedom Boulevard
Watsonville CA 95076

(if death occurred before 2010:)

County Recorder (454-2800)
701 Ocean Street, Room 230
Santa Cruz CA 95060

The Office of Vital Records is open Monday-Friday from 9:00 - 4:00. Questions? You can call us at (831) 763-8430, or e-mail us at vitalstats@co.santa-cruz.ca.us.

If the death occurred over six weeks ago, you can also obtain a death certificate via the Internet, by logging on to www.vitalchek.com, using your credit card to process your request, for an additional fee of about \$13.

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

Santa Cruz County Office of Vital Records

DO NOT Complete This Application Before Reading the Instructions on the Attached Page

Please indicate whether you are requesting an Authorized Certified Copy or an Informational Certified Copy.

I would like an **Authorized Certified Copy**. This copy will establish the identity of the decedent. To receive an Authorized Certified Copy, you must indicate your relationship to the decedent, by selecting from the list below, and complete the attached sworn statement. If applying by mail, you must have the sworn statement notarized (unless you are with a law enforcement or state or local government agency).

I would like an **Informational Certified Copy**. This document will be printed with a legend that reads "Informational, Not a Valid Document to Establish Identity." Anyone may receive an Informational Copy; you are **not** required to select from the list below or submit the sworn statement.

I am (check one):

- A parent or legal guardian of the decedent.
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the decedent.
- A party entitled to receive the record as a result of a court order.
- A member of a law enforcement agency or a representative of another government agency, as provided by law, who is conducting official business.
- 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. *(If you are requesting an Authorized Certified Copy under a power of attorney, include a copy of the power of attorney with this application form.)*
- A funeral director ordering 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.

DEATH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First Name	Name on Certificate – Middle Name	Name on Certificate – Complete Last Name
City or Town Where Death Occurred		County Where Death Occurred
Date of Death – Month, Day, Year (If unknown, enter approximate date of death)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Your Printed Name and Signature	Today's Date	Telephone Number – Area Code First ()	
Mailing Address – Number, Street	City	State	ZIP Code
Name of Person Receiving Copies, <i>if Different From Above</i>	No. of Copies	Amount Enclosed \$	E-mail Address (optional)
Mailing Address for Copies, <i>If Different From Above</i>	City	State	ZIP Code

DEATH

SWORN STATEMENT

I, _____, declare, under penalty of perjury under the laws of the State of California,
 (Your 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 the Person Listed on the Certificate	Your Relationship to the Person Listed on the Certificate

Declared this _____ day of _____, 201_____, at _____,
 (Day) (Month) (City) (State)

 (Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized, using the Certificate of Acknowledgment below. The Certificate of Acknowledgement must be completed by a notary public. (Law enforcement and local and state government agencies are exempt from the notary requirement.)

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
) ss
 County of _____)

On _____, before me, _____,
(here insert name and title of the officer)
 personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person 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