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 you are requesting.

2. An **Authorized Certified Copy** of a death record will establish the identity of the registrant. An **Informational Certified Copy** contains the same information but will not establish the identity of the registrant. California law permits only certain persons, as listed on the application, to receive Authorized Certified Copy 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 **"Applicant Information"** sections.

4. **SWORN STATEMENT:** For an Authorized Certified Copy, you must complete the upper section of the application, identifying your relationship with the registrant, 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***. 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 with 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 provide is incomplete or inaccurate, we may not be able to locate the record.

6. Complete the **Applicant Information** section. Please make sure you have the correct phone number and address to ensure prompt processing.

7. **Submit $26 for each Authorized Certified Copy or Informational Certified Copy requested.** Indicate the number of copies you would like to purchase and the type of certificate you are requesting. Include your payment with the application, in the form of a personal check or a money order (International Money Order for out-of-country requests) made payable to: **HSA Vital Statistics**.

IN PERSON YOU CAN PAY WITH CASH, CHECK, MONEY ORDER OR CREDIT CARD*(with a small fee)*

SUBMIT THIS APPLICATION WITH THE SWORN STATEMENT AND PAYMENT:

BY MAIL, *STATEMENT MUST BE NOTARIZED*
OFFICE OF VITAL RECORDS
P.O Box 962
Santa Cruz, CA 95060

IN PERSON
OFFICE OF VITAL RECORDS
1430 Freedom Blvd, Suite A
Watsonville, CA 95076

The Office of Vital Records is open Monday-Friday from 9:00 - 4:00. Closed for lunch 12-1
You can call us at (831) 763-8430 or e-mail us at phvitalstatistics@santacruzcountyca.gov

IF DEATH OCCURRED THE YEAR 2023 OR PRIOR PLEASE CONTACT:

County Recorder (831) 454-2800 701 Ocean St, Room 230, Santa Cruz CA 95060

SANTA CRUZ COUNTY

Department of Public Health Vital Statistics

1430 Freedom Blvd Suite A, Watsonville, CA 95076 (831) 763-8430

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

☐ **Authorized Copy**	☐ **Informational Copy**
Certified copy to establish the identity of the person named on the certificate	Informational only not for legal purposes

☐ 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 registrant's estate. (If you are requesting an Authorized Certified Copy under the 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

DEATH CERTIFICATE INFORMATION (PLEASE PRINT OR TYPE)

Name on Certificate – First Name	Middle	Complete Last Name

Date of Death		County Where Death Occurred
	☐ Male ☐ Female	

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

First and Last Name:	Today's Date	Telephone Number
	/ /	( )

Mailing Address	City	State	Zip Code

Mailing Address if different from above:	No. of Copies	Amount Enclosed
		$

SWORN STATEMENT

I, _____, declare, under penalty of perjury under the laws of the State of
(**Applicant's** Printed Name)

California, 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):

Decedent **(Name of person whose certificate you are requesting)**	**Applicant's Relationship to Decedent** **(Must be an authorized person)**

(The remaining information must be completed in the presence of a notary public.)

Declared this _____ day of _____, 20_____, at _____, _____.
(Day) **(Month)** **(City)** **(State)**

_____
(**Applicant's** Signature)

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 _____

On _____, before me, _____, personally appeared _____,
(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

_____
(SIGNATURE OF NOTARY PUBLIC)

WITNESS my hand and official seal. (NOTARY SEAL)