

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

Fee is \$24.00 Per Copy. If no record is found, we will issue a Certificate of No Record, and the fee will be retained for the search according to state law. Initial Here: _____

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. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail.

Fees: **\$24 per copy** (payable to County Recorder)

<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 attached Sworn Statement declaring that you are eligible to receive the Certified Copy. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail.)	<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.)
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NOTE: Both documents are certified copies of the original document on file with our office. With the exception of the legend, redacted social security number & signatures the documents contain the exact same information.

To receive a **Certified Copy** I am:

- A parent or legal guardian of the registrant (person listed on the certificate).
- 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 governmental agency, as provided by law, who is conducting official business.
- A child, grandparent, grandchild, sibling, 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, include a copy of the power of attorney or documentation identifying you as executor)
- An 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.

Do NOT complete the rest of this form before reading the detailed instructions on Page 3.

APPLICANT INFORMATION (Please print or type)

Printed Name of Person Submitting Application	Signature	Today's Date	Telephone Number – Area Code First	
Address – Number, Street	City		State	Zip Code
Name of Person Receiving Copies, if Different From Above	Number of Copies	Amount Enclosed	Purpose of Request	
Mailing Address for Copies, if Different from above	City		State	Zip Code

DEATH CERTIFICATE INFORMATION (Please print or type)

Name on Certificate – First Name	Name on Certificate – Middle Name	Name on Certificate – Last Name	Sex
Place of Death - City or Town	Place of Death – County	Place of Birth	Date of Birth
Date of Death – Month, Day, Year (or period of years to be searched)		Social Security Number	
Mother's Maiden Name		Name of Spouse (of Decedent)	

SWORN STATEMENT

(*Required for certified copy of record. This Sworn Statement is not required when requesting an Informational certified copy which is not valid to establish identity)

*Any member of a law enforcement agency or a representative of a state or local government agency, as provided by law, who orders a copy of a record to which subdivision (a) applies in conducting official business must complete the Sworn Statement, however, they may not be required to have their signature on the Sworn Statement acknowledged by a Notary Public.

I, _____, declare under penalty of perjury under the laws of the State of California, (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 death record of the following individual(s):

Name of Person Listed on the Death Certificate	Your Relationship to the Person Listed on the Death Certificate

(The remaining information must be completed in the presence of a Notary Public or County Recorder staff.)

Subscribed to this ____ day of _____, 20____, at _____, _____ (Day) (Month) (City) (State)

(Signature of Person requesting certified copy)

Note: If submitting your order by mail you must have your signature on the Sworn Statement acknowledged by a Notary Public using the certificate of acknowledgment below. If submitting your order in person, you must sign this in the presence of the County Recorder staff.

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, _____, Notary Public, personally appeared (Insert your name)

_____, 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

INSTRUCTIONS:

1. As of July 1, 2003, ONLY individuals who are authorized by Health and Safety Code Section 103526 can obtain a Certified Copy of a Death Record to establish identity of the registrant. (Page 1 of the application identifies the individuals who are authorized to make the request.) All others may receive a Certified Informational Copy which will be marked, "Informational, Not a Valid Document to Establish Identity."
2. Complete a separate application form for each record of death requested.
3. Complete the **Applicant Information** section on the first page of this form and provide your signature where indicated. Provide all the information you have available to identify the record of the registrant under **Death Certificate Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
4. Sworn Statement:
 - a. The authorized individual requesting the certified copy must sign the attached Sworn Statement, declaring, under penalty of perjury, that they are eligible to receive the certified copy of the death record and identify their relationship to the registrant.
 - b. If the application is being submitted by mail your signature on the Sworn Statement **must be** acknowledged by a Notary Public. (To locate a Notary Public, see your local yellow pages or call your banking institution.)
 - c. Any member of a law enforcement agency or a representative of a state or local government agency, as provided by law, who orders a copy of a record to which subdivision (a) applies in conducting official business is required to complete the Sworn Statement, however, they may not be required to have their signature on the Sworn Statement acknowledged by a Notary Public. A government agency issued employee ID is required.
 - d. An agent or employee of a funeral establishment who acts within the course and scope of his or her employment and who orders death certificates on behalf of individuals specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 must complete the sworn statement, however they shall not be required to have their signature on the sworn statement acknowledged by a Notary Public.
 - e. **If the application is being submitted in person at the County Recorder's Office, the Sworn Statement must be signed by you in the presence of County Recorder staff, and your signature does not have to be acknowledged by a Notary Public. You must also provide valid photo identification to the County Recorder staff at the time you apply for the copy.**
 - f. A Sworn Statement does not need to be provided if you are requesting a Certified Informational Copy of the death record.
5. Submit **\$24** for **each** certified copy requested. **If no record of the death is found, the fee will be retained for searching the record (as required by law) and a Certificate of No Public Record will be issued to the applicant.** Indicate the number of certified copies you wish and include the correct fee(s) in the form of a personal check (pre-printed with name and address), postal or bank money order (International Money Order for out-of-country requests) made payable to the Santa Cruz County Recorder. Mail this application with the fee(s) and a self-addressed stamped envelope to:

Santa Cruz County Recorder
701 Ocean Street, Room 230
Santa Cruz, CA 95060

6. Credit card orders may be processed on-line at www.vitalchek.com. Additional costs apply for processing orders using a credit card. Please follow the directions on Vitalchek's website if ordering using a credit card.

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