

**APPLICATION FOR CERTIFIED COPY OF DEATH RECORD -- \$12.00**

**NOTICE:** Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form). If applying in person, our office service hours are 8:30 – 4:00pm.

The California Health and Safety Code, Section 103526, permits only authorized persons as defined below to receive certified copies of death records. Those who are **not** authorized by law to receive a certified copy will receive a certified copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”** You **cannot** apply for death benefits, claim insurance proceeds, establish death with social security, banking institutions or other services related to a person’s identity with this type of certificate. Please indicate whether you would like a Certified Copy or an Informational Copy.

<input type="checkbox"/> I would like a <b>Certified Copy</b> of the record identified on the application form. <i>(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)</i>	<input type="checkbox"/> I would like an <b>Informational Copy</b> of the record identified on the application form <i>(You are not required to select from the list below in order to receive an Informational Copy.)</i>
--	--

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.
- 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.
- A funeral director ordering certified copies of a death certificate on behalf of an individual specified in Section 7100 of the Health and Safety Code.

**STOP! For mailed orders: DO NOT complete the rest of this form before reading detailed instructions on the back.**

**APPLICANT INFORMATION** (PLEASE PRINT OR TYPE)

Printed Name <b>** and Signature **</b> of Person Completing Application		Today’s Date	Telephone Number – Area Code First (    )	
Address – Number, Street		City	State	ZIP Code
Name of Person Receiving Copies, if Different From Above	* No. of Copies	Amount Enclosed	Pick Up _____	Mail _____
Mailing Address for Copies, if Different From Above		City, State, Zip Code		

**DECEDENT INFORMATION** (PLEASE PRINT OR TYPE)

Name of Decedent – First (Given)		Middle	Last (Family)		Sex
Place of Death – City or Town	Place of Death – County		Place of Birth	Date of Birth	
Date of Death – Month, Day, Year			Social Security Number		
Mother’s Maiden Name			Name of Spouse (Husband or Wife of Decedent)		

**INFORMATION:** Death records are maintained in this office for the current year and the previous year. All other past years including the years mentioned above are kept at the County Recorder's office. Their phone number is 415-499-6092.

## INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Decedent Information portions of this form. If you are requesting a regular **Certified Copy**, complete the entire form.
2. If you submit your order in person, you must:
  - \*\* Sign a sworn statement in the presence of an Office of Vital Statistics employee
  - \*\* Submit payment by check, postal or bank money order, or cash in the amount of \$12.00.
3. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **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.** Note: A Funeral Director ordering copies on behalf of an individual specified in paragraphs (1) to (5) inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.)
4. Use a separate application form for each different record of death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).
5. Complete the **Applicant Information** section and provide your signature where indicated. Give all the information you have available to identify the record of death in the spaces under **Decedent Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.
6. If you indicate that you want to pick up the certificate at our office, please be sure your phone number is legible so that we may contact you when it is ready.
7. Submit **\$12.00** for **each** certified copy requested. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application in the form of a personal check, postal or bank money order made payable to **Marin County Health Department**. Mail this application with the fee(s) to the Marin County Vital Statistics, 20 N. San Pedro Road, Suite 2006 San Rafael, CA, 94903.

Marin County Vital Statistics  
20 N. San Pedro Road, Suite 2006  
San Rafael, CA 94903

---

**DEATH**

