

# APPLICATION FOR COPY OF DEATH RECORD

**FEE: \$26.00 EACH**

## INDICATE WHETHER YOU WOULD LIKE AN AUTHORIZED CERTIFIED COPY OR AN INFORMATIONAL COPY:

☐ **AUTHORIZED CERTIFIED COPY**

The California Health & Safety Code, §103526, permits only authorized persons as defined below to receive authorized certified copies of death records. Those who are not authorized by law to receive an authorized certified copy will receive a certified copy marked "Informational, not a valid document to establish identity."

☐ **INFORMATIONAL CERTIFIED COPY**

## TO RECEIVE A AUTHORIZED CERTIFIED COPY I AM:

☐ A parent or legal guardian of the registrant.

☐ A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.

☐ A party entitled to receive the record as a result of a court order.

☐ A funeral director that 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 of the Health and Safety Code.

☐ 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 requesting a Certified Copy under a power of attorney, include a copy of the power of attorney with this application)

☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, conducting official business. (Companies representing a government agency must provide authorization from the government agency)

**(Along with the notarized request, a letter of authorization for pickup is required when the requesting party does not appear in person)**

## DEATH CERTIFICATE INFORMATION:

(Please print or type)

Name of Deceased: (First, Middle, Last)

Date of Death: (Month/Day/Year)

City of Death:

## REQUESTOR'S INFORMATION:

Requestor's Name:

Relationship to Person Listed on Certificate:

Requestors' Drivers License

Number of Copies Requested:

Contact Number if Mailed, Faxed or Emailed:

( ) -

## REQUESTOR'S SWORN STATEMENT:

I \_\_\_\_\_, declare under penalty of perjury under the laws of the State of California, that I am an authorized person, as defined in California Health and Safety Code Section 103526(c), and I am eligible to receive a certified copy of the death record identified on this application form.

Subscribed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_, \_\_\_\_\_.

Day

Month

Year

City

State

Requestor's Signature: \_\_\_\_\_

## IF REQUESTING BY MAIL, FAX, OR EMAIL, PAGE 2 OF THIS FORM MUST BE COMPLETED

### FOR OFFICIAL USE ONLY:

### Receipt Endorsement

BK/PG : \_\_\_\_\_ CERT # \_\_\_\_\_

CLERK INITIALS: \_\_\_\_\_ Date: \_\_\_\_\_

### **SPECIAL INSTRUCTIONS:**

☐ Call when ready ☐ Hold for Customer to pick up

☐ Send to North County ☐ Other: \_\_\_\_\_

IF THE RECORD IS TO BE MAILED, ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE AND COMPLETE INFORMATION BELOW:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**AUTHORIZED CERTIFIED REQUESTS SUBMITTED BY MAIL, FAX, OR EMAILED  
MUST BE ACCOMPANIED BY A NOTARIZED CERTIFICATE OF IDENTITY**

**CERTIFICATE OF ACKNOWLEDGEMENT**

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 Officer)

\_\_\_\_\_ 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/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/Officer Signature

**SUBMIT REQUEST TO:**

**For deaths occurring under 2 years ago, submit request to:** County Public Health Department  
Attn: Vital Records  
2191 Johnson Ave.  
P.O. Box 1489  
San Luis Obispo, CA 93401  
(p) (805) 781-5514  
(f) (805) 788-2999  
Mon-Fri: 8:00 a.m. - 5:00 p.m.  
[www.slocounty.ca.gov/health/certificates](http://www.slocounty.ca.gov/health/certificates)

**For deaths occurring over 2 years ago, submit request to:** County Clerk-Recorder  
1055 Monterey Street #D120  
San Luis Obispo, CA 93408  
[vitals@co.slo.ca.us](mailto:vitals@co.slo.ca.us)  
(p) (805) 781-5080  
(f) (805) 781-1111  
Mon-Fri: 8:00 a.m. - 5:00 p.m.  
[www.slocounty.ca.gov/clerk](http://www.slocounty.ca.gov/clerk)