

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

NEED A DEATH CERTIFICATE?

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD DO NOT Complete the Application Before Reading the Instructions!

1. Complete a separate application form for each person whose death record is requested. **If no record is found, the fee will be retained for searching as required by law and a Certificate of No Record will be issued.**
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 specified persons (as listed on the application) to receive Authorized Certified Copies of death records. All others may only receive an Informational Certified 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 Certified Copy, you do not need to mark any of the seven options on the list or submit the sworn statement on the last page; just complete the “Applicant Information” and “Death Certificate Information” sections.
4. Complete the **Death Certificate Information** section, providing all the information you can. Be sure to give the decedent’s **full name**. If the information you furnish is incomplete or inaccurate, we may not be able to find the record. Complete the **Applicant Information** section and provide your **printed name and your signature** where indicated.
5. **SWORN STATEMENT:**
For an **Authorized Certified Copy**, you must complete the top section of the application, identifying your relationship to the decedent, and you must sign the attached 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.
6. **Submit \$24 (cash, check (Local Only) or money order) for each Authorized Certified Copy or Informational Certified Copy requested.** Indicate the number of copies you want, which type you want, and include sufficient payment with this application, in the form of a personal check (local) or a postal or bank money order (International Money Order for out-of-country requests) made payable to **County Recorder**.
7. Submit **this application** with the **sworn statement** and **payment** (cash, check, or money order only) to:

<u>(in person)</u>	<u>(by mail, with sworn statement notarized)</u>
Santa Cruz County Recorder	Santa Cruz County Recorder
701 Ocean St., Room 230	701 Ocean Street, Room 230
Santa Cruz, CA 95060	Santa Cruz, CA 95060

You must complete the application with the correct address information in order to insure prompt processing.

Contact Information:

(831) 454-2800

Email: RCD.Web@santacruzcounty.us

Hours:

Monday-Friday 8:00 am to 12:00 pm

1:00 pm to 4:00 pm

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

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Santa Cruz County Recorder's Office

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.

Please indicate whether you are requesting an Authorized Certified Copy or an Informational Certified Copy.	
<input type="checkbox"/> 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).	<input type="checkbox"/> 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):	
<input type="checkbox"/> A parent or legal guardian of the decedent. <input type="checkbox"/> Surviving Next of Kin (as specified in HSC § 7100)	
<input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse, or domestic partner of the decedent.	
<input type="checkbox"/> A party entitled to receive the record as a result of a court order.	
<input type="checkbox"/> A member of a law enforcement agency or a representative of another government agency, as provided by law, who is conducting official business.	
<input type="checkbox"/> 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. <i>(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.)</i>	
<input type="checkbox"/> 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	\$24.00 Each \$	E-mail Address (optional)
Mailing Address for Copies, <i>if Different From Above</i>	City	State	ZIP Code

