OFFICE OF
ASSESSOR-COUNTY CLERK-RECORDER & ELECTIONS
COUNTY OF SAN MATEO

MARK CHURCH
ASSESSOR-COUNTY CLERK-
RECORDER & CHIEF ELECTIONS OFFICER

Application for Certified Copy of Death Record

Type of Vital Record – Death $26

As required by law, if no record is found, we will retain a Search Fee equal to the amount of the certificate and a "Certificate of No Public Record" will be issued.

Please indicate whether you would like an Official Certified Copy or an Informational Copy.

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."**

☐ **Official Certified Copy** (*You must indicate your relationship to the person named on the vital record from the list below.*)

☐ **Informational Certified Copy** (*You are NOT required to select from the list below in order to receive an Informational Copy.*)

I am: (Please check the appropriate box if requesting for Certified Copy)

☐ A parent or legal guardian of the registrant

☐ 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 party entitled to receive the record as a result of a court order, or an attorney or a licensed adoption agency seeking the death record in order to comply with the requirements of Section 3140 or 7603 of the Family Code

☐ An agent or employee of a funeral establishment ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (8), inclusive, of subdivision (a) of Section 7100 of the health and Safety Code

☐ Surviving Next of Kin - competent surviving spouse or parent(s), sole surviving adult child or adult sibling and surviving competent adult person(s) respectively in the next degree of kinship.

☐ Conservator of the person or estate appointed under Part 3 of Division 4 of the Probate Code

☐ An agent under power of attorney for health care who has the right and duty of disposition.

☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business

---

Applicant Information (Please Read This Statement Prior to Completing and Signing the Form)

I swear under penalty of perjury that I am an authorized person, as defined in CA Health & Safety Code Section 103526 list above, and am eligible to receive a certified copy of the birth, death or marriage record identified on this application form.

Print Name of Person Completing this Application:

_____

Signature: _____ Sworn this _____ day of _____, 20____.

Residential Address of Person Completing this Application (Number, Street):

_____

City: _____ State: _____ Zip Code: _____

Mailing Address, if different from above: _____

Telephone Number: _____

Number of Copies Purchasing: _____ Dollar Amount Enclosed: _____

Driver's License # (or other government issued ID): _____ Clerk's Initials: _____

Registrant Information – Please provide the Death information below.
For Death Record

First Name: _____ Middle: _____

Last Name: _____ Sex: _____

Place of Death – City or Town: _____ County: _____

Date of Death (Month/Day/Year): _____

(For Death Record Only) Name of Spouse – Husband or Wife of Decedent:

_____

NOTICE:

- The Sworn Statement and Acknowledgment are not required when requesting an Informational Copy.
- Applications for an "Official Certified Copy" received by mail must be accompanied by this sworn and notarized statement.
- Please make check or money order payable to: San Mateo County Clerk-Recorder.
- Applications for official copies received by mail must be accompanied by the notarized statement.
- **Please mail application to - Attn: Vital Records**
  555 County Center – 1st Floor, Redwood City, CA 94063

Sworn Statement

I, _____, swear under penalty of perjury under the laws of the State of
(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, death or marriage record of the following individual(s):

Name of Person(s) Listed on Certificate	**Relationship to Person Listed on Certificate**

Sworn this _____ day of _____, 20 ____, at _____, _____.
(Day) (Month) (City) (State)

_____
(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 _____ } ss.

County of _____

On _____, before me, _____, personally
(insert your name and title)

appeared _____, 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 - Must be Legible)

_____
Notary Signature