



APPLICATION FOR CERTIFIED COPY OF DEATH RECORD

The California (Health and Safety Code, Section 103526), permits only authorized persons as defined below to receive Certified Copies of a death records. Those who are not authorized by law to receive a Certified Copy will receive a Certified Informational copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”**.

Please indicate whether you would like an Authorized Certified Copy or a Certified Informational Copy.
The search fee is the same as the fee for Certified Copy. Any questions please contact our office at (909) 381-8990.

NOTICE: Orders received by mail must have an attached notarized sworn statement. (See instructions).

<input type="checkbox"/> I am requesting an Authorized Certified Copy	<input type="checkbox"/> I am requesting a Certified Informational Copy
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Note: Both documents are certified copies of the original document on file. With the exception of the legend and the redaction of signatures and Social Security Number, the documents contain the same exact information.

To receive an **AUTHORIZED** copy, you **MUST INDICATE YOUR RELATIONSHIP TO THE REGISTRANT**, below. To receive a certified copy the applicant must sign a sworn statement that they are authorized to receive the certified copy. **The Sworn Statement Must Be Notarized** unless you are a member of a law enforcement agency or representative of a state or local government agency, an agent or employee of a funeral establishment.

RELATIONSHIP:

- | | |
|--|--|
| <input type="checkbox"/> Parent/Legal Guardian of Registrant (Include copy of Court Order) | <input type="checkbox"/> Surviving Next of Kin (Specified in HSC Section 7100) |
| <input type="checkbox"/> Attorney Representing Registrant or Registrant’s Estate | <input type="checkbox"/> Authorized Court Order (Include copy of Court Order) |
| <input type="checkbox"/> Law Enforcement/Govt. Agency (Conducting Official Business) | |
| <input type="checkbox"/> Child, Sibling, Grandchild, Grandparent, Spouse or Registered Domestic Partner of Registrant | |
| <input type="checkbox"/> Power of Attorney/Executor of Registrant's Estate (Include a copy of the power of attorney or documentation identifying you as executor.) | |
| <input type="checkbox"/> An Agency or Employee of a Funeral Establishment (Acting within the scope of work of employment and on behalf of persons specified in HSC Section (7100 (a)(1)-(8)) | |

IF MAILING APPLICATION, ATTACHED SWORN STATEMENT MUST BE NOTARIZED.

NAME OF PERSON COMPLETING THE APPLICATION (PLEASE PRINT)

Name	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	For Staff Use Only
Mailing Address for Copies, If Different from Above	City	State	ZIP Code

DECEDENT INFORMATION (PLEASE PRINT)

Name of Decedent – First (Given)	Middle	Last (Family)	Sex
County of Death	City of Death		Date of Birth
Date of Death – Month, Day, Year (Or Period Years to be Search)	Mother’s Maiden Name or Name of Spouse		

SWORN STATEMENT

The applicant must complete in the presence of a Notary or Vital Records Staff

I _____, declare under penalty of perjury under the laws of the State of California, that I
(Applicant's Printed Name)
am an authorized person, as defined in California Health and Safety Code Section 103526 (c), and am eligible to receive certified copy of the birth or death record of the following individual(s):

Name of Person Listed on Certificate (Registrant)	Applicant's Relationship to Person Listed on Certificate (Must be a Relationship Listed on Page 1 of Application)

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

SIGNATURE OF APPLICANT

NOTE: If submitting your order by mail, you must have your Sworn Statement notarized using the Certificate of Acknowledgement below. The Certificate of Acknowledgement must be completed by a Notary Public. (Law enforcement and local and state governmental agencies are exempt from the notary requirement).

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(s) whose name(s) 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 the PENALTY OF PERJURY under the laws of the State of California the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

SIGNATURE OF NOTARY PUBLIC

(SEAL)

INSTRUCTIONS

A. If you are requesting an Authorized Certified Copy:

1. Complete the application form, one for each individual whose death certificate you are requesting, indicating on each how you are related to the individual (mark the appropriate box from the list).
2. Complete the Sworn Statement

NOTE: Only one sworn statement is required if you are requesting multiple certificates at the same time; however, the sworn statement must include the name of each individual whose death certificate you are requesting and your relationship to that individual.

- a. Sign the Sworn Statement in front of a Notary Public and have it notarized

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 Safety Code is not required to have the Sworn Statement notarized, but still needs to complete a Sworn Statement.

3. Submit \$24 for each copy you request in the form of a personal check or money order (indicate the number of copies you would like on the application form).
4. Send the completed application form, the notarized Sworn Statement and your payment to the mailing address below.

B. If you are requesting a certified Informational Copy (if you do not qualify to receive an Authorized Certified Copy, see application form):

1. Complete the application form, one for each individual whose death certificate you are requesting.
2. **Submit \$24.00 for each copy** you request in the form of a personal check or money order (indicate the number of copies you would like on the application form).
3. Send the completed application form and your payment to the mailing address listed below.

C. If you wish to submit your order in person at our physical address listed below.

The Sworn Statement must be signed in the presence of an Office of Vital Records staff member (it does not need to be notarized).

NOTE: If no record of the death is found the \$24.00 fee will be retained for searching (as required by law) and a Certificate of No Record will be issued.

Checks payable to: San Bernardino DPH

Mailing Address: Vital Statistics Section
340 N. Mountain View Ave
San Bernardino, CA 92415-0038