

Public Health Department

Santa Clara Valley Health & Hospital System



Vital Records Office
976 Lenzen Ave Suite 1300
San Jose, CA 95126
Tel: 408-885-2008

Web: <http://www.sccphd.org/vitalrecords/>
Office Hours: M-F 9am – 4pm

APPLICATION FOR DEATH-RELATED PURCHASES (FUNERAL HOME ONLY)

Copies of birth and death certificates are kept at the Santa Clara County Public Health Department for the current year and one previous year. After this time, copies may be obtained from the Santa Clara County Clerk-Recorder's Office, 70 West Hedding Street, San Jose, CA, 95110, for the same fee(s).

PURCHASING INFO

Indicate quantity of each item you would like to purchase, total enclosed, and enclosures. Complete the sworn statement.

ITEM	QTY	PRICE	TOTAL
Death Certificate – Unrestricted Certified Copy		x \$12.00	= \$
Death Certificate – Informational Copy		x \$12.00	= \$
Death Certificate – VA Copy		x \$0	= \$
Burial Permit		x \$11.00	= \$
Cross-File Permit (county of death)		x \$3.00	= \$
Cross-File Permit (county of issuance)		x \$11.00	= \$
After Hours Burial Permit		x \$11.00	= \$
Fetal Death Certificate		x \$9.00	= \$
Stillbirth Certificate		x \$9.00	= \$
Transit Letter <input type="checkbox"/> Spanish		x \$5.00	= \$
TOTAL ENCLOSED			\$

ENCLOSURES
<input type="checkbox"/> Check Enclosed # _____
<input type="checkbox"/> Copy 4 of signed Burial Permit, if applicable

SWORN STATEMENT

I, _____, declare under penalty of perjury
(Applicant's Printed Name)
under the laws of the State of California, that I am an agent or employee of a funeral establishment ordering certified copies of a death certificate on behalf of my client and am eligible to receive an unrestricted certified copy of the death record of the decedent listed below.

Subscribed to this _____ day of _____, 2011, at **San Jose, CA**
(Day) (Month) (City) (State)

(Applicant's Signature)

APPLICANT INFORMATION

Organization Name →		Telephone Number with Area Code
Contact Name →		Fax Number with Area Code
Address – Number, Street →		<input type="checkbox"/> U. S. Mail to me at the address listed
City, State & ZIP Code →		<input type="checkbox"/> I will pick-up from 976 Lenzen Ave

DECEDENT INFORMATION

First Name	Middle Name	Last Name	Sex
City of Death	County of Death	Date of Death MO-DY-YR	

OFFICE USE ONLY

Local File Number	Staff Initial	Date Received	Date Run
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