San Joaquin County Public Health Services Mail Application for Certified Copy of Death Certificate

Effective July 1, 2003 California law permits only authorized individuals to receive authorized certified copies of death records required for formal legal purposes such as insurance and other benefits. If you are requesting an authorized certified copy, complete all application sections and submit with the notarized statement as described in section 4.

An informational certified copy may be obtained by any person but cannot be used to establish formal identity. If you are requesting an informational certified copy, complete sections 1 and 2 only and submit the application. A notarized statement is not required for an informational only copy.

The health department furnishes certified copies for deaths that were registered during the current and past calendar year only.

Submit this application form with the appropriate fees to:
Public Health Services – Vital Records Unit
PO Box 2009 Stockton, CA 95201-2009

Permanent records are kept				
44 N. San Joaquin St., 2 nd floor Ste. 260				
Stockton, CA 95202 www.sjgov.org/Recorder/Vital.htm				
Certificate Type Requested:Authorized CertifiedInformational Only				
Number of Certificates Amended	Pending	VA	Date Requested	
1. Decedent/Registrant Information				
Name		Da	ate of Death//	
Place of Death				
2. Requestor Information Requested By:				
Mail To:				
Mail Address				
Mail Address Number and Street	City		State Zip Code	
3. Authorized Individual Information – Complete this section if requesting authorized certified copy. Specify which category of authorized individual you are:				
\square A parent or legal guardian of th	e registrant.			
☐ A party entitled to receive the record as a result of a court order.				
☐ A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business.				
☐ A child, grandparent, sibling, sp	oouse, or dor	nestic p	partner of the registrant.	
An attorney representing the reagency empowered by statute or appointed registrant's estate.				
☐ 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 17100 of the California Health and Safety Code.				

4. Notarized Statement – A written request for an authorized certified copy must be accompanied by a notarized statement sworn under penalty of perjury that the requester is an authorized person, as required by state law. Your application will be returned if the required statement below is not signed and notarized. This section is not required for an informational only copy.			
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 am eligible to receive a certified copy of the death record of the individual identified on this application.			
Sworn thisday of, 20, at,, Day Month year City State			
Signature			
CERTIFICATE OF ACKNOWLEDGEMENT State of			
On, before me, (here insert name and title of the officer)			
personally appeared			
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 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 Signature			
Fees – Fees for certificate copies are established by state law. Include a check or money order payable to San Joaquin County Public Health Services. The current fee is \$14.00 per copy.			