Marin County Vital Statistics
10 N. San Pedro Road, San Rafael, CA 94903

Marin County Health & Human Services
Telephone: 415-473-6876 Fax: 415-473-5088

IF OBTAINING IN PERSON PLEASE SEE "RECEPTION DESK" UPON ARRIVAL
APPLICATION FOR CERTIFIED COPY OF DEATH RECORD -- $26.00

NOTICE: Orders received by mail must be accompanied by the attached sworn statement (see the instructions on the back of this form). If applying in person, our office hours are 9:00am – 4:00pm (CLOSED 12:00-1:00pm).
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."** You **cannot** apply for death benefits, claim insurance proceeds, establish death with social security, banking institutions or other services related to a person's identity with this type of certificate. Please indicate whether you would like a Certified Copy or an Informational Copy.

☐ I would like a **Certified Copy** of the record identified on the application form. ***(In order to receive a Certified Copy, you must indicate your relationship to the person named on the application form by selecting from the list below.)***

☐ I would like an **Informational Copy** of the record identified on the application form ***(You are not required to select from the list below in order to receive an Informational Copy.)***

I am:

☐ A parent or legal guardian of the registrant.

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

☐ 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, 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 funeral director ordering certified copies of a death certificate on behalf of an individual specified in Section 7100 of the Health and Safety Code.

STOP! For mailed orders: DO NOT complete the rest of this form before reading detailed instructions on the back.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name ** **and Signature** ** of Person Completing Application	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 / Amount Enclosed	Pick Up _____ Mail _____	
Mailing Address for Copies, if Different From Above	City, State, Zip Code		

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent – First (Given)	Middle	Last (Family)	Sex
Place of Death – City or Town	Place of Death – County	Place of Birth	Date of Birth
Date of Death – Month, Day, Year		Social Security Number	
Mother's Maiden Name		Name of Spouse (Husband or Wife of Decedent)	

PLEASE TURN PAGE OVER TO COMPLETE THE BACK SIDE

INFORMATION: Death records are maintained in this office for the **Current Year** and the **Previous Year**. All other past years including the years mentioned above are kept at the County Recorder's office. Their phone number is 415-473-6092.

INSTRUCTIONS

1. If you are requesting a certified **Informational Copy**, complete only the Applicant Information and Decedent Information portions of this form. If you are requesting a regular **Certified Copy**, complete the entire form.

2. If you submit your order in person, you must:

   **** Sign a sworn statement in the presence of an Office of Vital Statistics employee**

   ** Submit payment by **CHECK, POSTAL OR BANK MONEY ORDER, CASH, or DEBIT OR CREDIT CARDS** in the amount of $26.00 **PER** certified copy.

3. If you submit your request by mail, you must complete the attached statement and sign it in the presence of a Notary Public. **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**. 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 and Safety Code is not required to complete the notarized statement.)

4, Use a separate application form for each different record of death for which you are requesting a certified copy (if submitting your request by mail, remember to identify each certificate requested on the sworn statement).

5. Complete the **Applicant Information** section and provide your signature where indicated**.** Give all the information you have available to identify the record of death in the spaces under **Decedent Information**. If the information you furnish is incomplete or inaccurate, it may be impossible to locate the record.

6. If you indicate that you want to pick up the certificate at our office, please be sure your phone number is legible so that we may contact you when it is ready.

7. Submit **$26.00** for **each** certified copy requested. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application in the form of a personal check, postal or bank money order made payable to **County of Marin.** Mail this application with the fee(s) to the Marin County Vital Statistics, 10 N. San Pedro Road, San Rafael, CA, 94903.

Marin County Vital Statistics
10 N. San Pedro Road
San Rafael, CA 94903

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of California,
(Printed Name)

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 or death record of the following individual(s):

Name of Person Listed on Certificate	**Relationship to Person Listed on Certificate**

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

_____
(Signature)

Note: If submitting your order by mail, you must have your sworn statement notarized using the Certificate of Acknowledgment below. Faxed notarized acknowledgments are not acceptable.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____)
) ss
County of _____)

On _____, before me personally appeared _____,

☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence, to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.
(NOTARY SEAL)

_____
NOTARY SIGNATURE