



Marin County Recorder
3501 Civic Center Drive, Room 232
San Rafael CA 94903
(415) 473-6094

REQUEST FOR CERTIFIED COPY OF DEATH RECORD - \$24 EACH

The fee for vital records must be paid in advance by the applicant. If no record is found, the fee will be retained for searching as required by California statute, and a Certificate of No Record Found will be issued. [H&S 103650]

Death Certificate Information			Number of Copies Requested	
LAST NAME	First Name	Middle Name		
Date of Death	City of Death	County of Death	Date of Birth	
Mother's Maiden Name – Last Name	Mother's First Name	Mother's Middle Name		
Father's Last Name	Father's First Name	Father's Middle Name		

Requestor Information

Requestor's Full Name		E-mail Address		Telephone Number	
Address – Number, Street		City		State	Zip Code
Mailing Address for Copies, if Different from Above		City		State	Zip Code

The California Health & Safety Code, Section 103526, permits only authorized persons as defined below to receive authorized certified copies of death records. Those who are not authorized by law to receive an authorized certified copy will receive an informational certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY". Please indicate below whether you would like an **Authorized Certified Copy** or an **Informational Certified Copy**.

- | | |
|---|--|
| <input type="checkbox"/> I would like an Authorized Certified Copy of the record identified on the application form. (In order to receive an authorized certified copy, you must indicate your relationship to the person named on the application form by selecting from the list below and complete the attached sworn statement.) | <input type="checkbox"/> I would like an Informational Certified Copy of the record identified on the application form. (You are not required to select from the list below or complete a sworn statement in order to receive an informational certified copy.) |
|---|--|

- I am:
- A parent or legal guardian of the deceased.
 - A child, grandparent, grandchild, sibling, spouse, or domestic partner of the deceased.
 - A party entitled to receive the record as the 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.
 - An attorney representing the deceased or the deceased's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the deceased or the deceased's estate.
 - A funeral director ordering certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

For Official Use Only			
Book & Page / Document Number:	Bank Note Number(s):	Date Processed:	Processed By:

STOP! If you are making your request in person, please wait to sign the sworn statement in the presence of a clerk.

IMPORTANT NOTE: If you are submitting your order by mail, you must sign the sworn statement in the presence of a notary public and the notary public must also fill out the Certificate of Acknowledgment. You may request certified copies for multiple individuals by mail and collectively notarize them; however, a separate application must be completed for each request. (A sworn statement is not required to obtain an Informational Certified Copy.)

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the
(Print Full Name)

State of California, that I am eligible to receive a certified copy of the death record of the individual named on the certificate, that my relationship is accurately identified on this request form, and that the representations made herein are true and correct.

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

X _____
(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 _____

County of _____

On _____ before me, _____,
(here insert name and title of the officer)

personally appeared _____,
(name of individual appearing)

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 Signature)

(SEAL)

All requests must be accompanied by payment in the form of a cashier's check, money order, or imprinted check drawn on a California bank. **OUT-OF-STATE CHECKS WILL NOT BE ACCEPTED.** Make check payable to: "Marin County Recorder." To pay by credit card, submit your order through www.vitalchek.com, a third party service provider.

**Marin County Recorder
P.O. Box C
San Rafael, CA 94913**