



**COUNTY OF SAN DIEGO  
ERNEST J. DRONENBURG, JR.  
ASSESSOR/RECORDER/COUNTY CLERK**



**APPLICATION FOR DEATH CERTIFICATE BY MAIL  
\$16.00 FEE FOR DEATH CERTIFICATE OR LETTER OF NO RECORD  
NON-REFUNDABLE**

California State Law, 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.”** Please indicate below whether you would like a Certified Copy or a certified Informational Copy. Please wait 3 weeks from the date of event before submitting your request.

<input type="checkbox"/> I would like a <b>Certified Copy</b> of the record identified on the application form. <i>(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>	<input type="checkbox"/> I would like a certified <b>Informational Copy</b> of the record identified on the application form. <i>(You are not required to select from the list below or complete the statement of identity in order to receive an Informational Copy.)</i>
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- I am:
- The parent or legal guardian of the registrant (person named on certificate).
  - 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, 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.
  - Any funeral director who orders certified copies of a death certificate on behalf of any individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100.

**DEATH INFORMATION (PLEASE PRINT OR TYPE) - \$16.00 for each certified copy**

Name of Decedent – First Name	Middle Name	Last Name
Date of Death	County of Death	No. of Copies

**DEATH INFORMATION (PLEASE PRINT OR TYPE) - \$16.00 for each certified copy**

Name of Decedent – First Name	Middle Name	Last Name
Date of Death	County of Death	No. of Copies

**DEATH INFORMATION (PLEASE PRINT OR TYPE) - \$16.00 for each certified copy**

Name of Decedent – First Name	Middle Name	Last Name
Date of Death	County of Death	No. of Copies

**DEATH INFORMATION (PLEASE PRINT OR TYPE) - \$16.00 for each certified copy**

Name of Decedent – First Name	Middle Name	Last Name
Date of Death	County of Death	No. of Copies

**Note: The Statement of Identity must accompany this request in our office before a certificate can be issued.**

Requestor’s Name: \_\_\_\_\_

PLEASE PRINT

**STATEMENT OF IDENTITY**

I, \_\_\_\_\_, swear 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 birth or death record of the following individual(s):

Name of Person Listed on Certificate	Type	No. of Copies	Relationship to Person Listed on Certificate
	<input type="checkbox"/> Birth <input type="checkbox"/> Death		
	<input type="checkbox"/> Birth <input type="checkbox"/> Death		
	<input type="checkbox"/> Birth <input type="checkbox"/> Death		
	<input type="checkbox"/> Birth <input type="checkbox"/> Death		

Sworn this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.

(Day) (Month) (City) (State)

\_\_\_\_\_  
(Signature)

*Note: If submitting your order by mail and requesting a Certified Copy, you must have your sworn statement notarized using the Certificate of Acknowledgement below. The notary is only verifying the identity of the person requesting the copy not the relationship to the registrant.*

*Only one notarization is required even though the requester may have a different authorized relationship to each record being requested, (i.e. Mother on one request, Registrant on another request, etc.).*

**CERTIFICATE OF ACKNOWLEDGMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(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.

<input type="checkbox"/> Personally Known <b>OR</b> <input type="checkbox"/> Produced Identification. Type of Identification produced _____
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WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY SIGNATURE

*Mail Certificate to:*  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_  
 Number of Birth \_\_\_\_\_ x \$23.00 = \_\_\_\_\_  
 Number of Death \_\_\_\_\_ x \$16.00 = \_\_\_\_\_  
 TOTAL = \_\_\_\_\_

*Please mail this request along with your payment (check or money order payable to SD County Recorder) to:*  
  
 San Diego Recorder/County Clerk  
 Attn: Vital Records  
 P.O. Box 121750  
 San Diego, Ca 92112-1750