



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

**REQUEST FOR CERTIFIED COPY OF DEATH RECORD - \$14**

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 103625, GC 27369]

**Death Certificate Information**

**Number of Copies Requested**

LAST NAME	First Name	Middle Name	
Date of Death	City of Death	County of Death	State of Death

**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 a 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 <b>Authorized Certified Copy</b> 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.) | <input type="checkbox"/> I would like an <b>Informational Certified Copy</b> of the record identified on the application form. (You are not required to select from the list below 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	Clerk Initials
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**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.

### 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

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 imprinted check drawn on a California bank (no out-of-state checks accepted), cashier's check, or money order payable to: "Marin County Recorder." Orders paid by credit card may be submitted through [www.vitalchek.com](http://www.vitalchek.com), a third party service provider.

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P.O. Box C  
San Rafael, CA 94913**