



JORDAN Z. MARKS
ASSESSOR/RECORDER/COUNTY CLERK
COUNTY OF SAN DIEGO

www.sdarcc.gov



FOR OFFICIAL USE ONLY

APPLICATION FOR A
DEATH CERTIFICATE
 OR LETTER OF NO RECORD

\$24.00 – PER COPY

FEES ARE NON-REFUNDABLE

Per California State Law, Health and Safety Code, Section 103526(c), permits only authorized persons as defined below to request certified copies of Death Records. Those who are not authorized by Law to receive a certified copy will receive a certified informational copy marked **“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY.”**

FOR OFFICIAL USE ONLY - IN PERSON REQUEST

Type of identification provided:

- [] Driver’s License [] Military ID
 [] Passport [] Other _____

Please wait 2 weeks from the date of the event before submitting your request. If we cannot find the record based on the information provided, State Law requires that we retain the fee and issue a **“Letter of No Record.”** You will be asked to present a **valid photo ID** for all in-person requests.

<input type="checkbox"/> I would like a Certified Copy of the record identified on the application form. <i>(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 Informational Copy of the record identified on the application form OR a Letter of No Record . <i>(You are not required to select from the list below or complete the Statement of Identity to receive an Informational Copy or Letter of No Record.)</i>
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- I am: A parent, legal guardian, child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant (decedent identified on the certificate)
- A party entitled to receive the record as a result of a court order **(Include a certified copy of the 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 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 agent or employee of a funeral establishment who acts within the scope of his or her employment and who orders certified copies of a death certificate on behalf of any individual specified in (1) to (5), inclusive of Health and Safety code 7100(a)
- An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of Health and Safety Code 7100. Agent under power of attorney for health care, competent surviving spouse, surviving competent adult child, surviving competent parent, surviving competent adult sibling, surviving competent adult person respectively in the next degrees of kinship, or conservator

DEATH INFORMATION ON CERTIFICATE (PLEASE PRINT OR TYPE) - \$24.00 for each certified copy		
First Name	Middle Name	Last Name
Date of Death	County of Death	# of Copies

STATEMENT OF IDENTITY FOR AUTHORIZED PERSON - In Person Only

I, _____, swear under penalty of perjury that I am an authorized person, as
 (Applicant’s Printed Name)

indicated above and am eligible to receive a certified copy of the death record identified on this application form.

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

 (Applicant’s Signature)

(Must be signed in the presence of a County Clerk)

**PLEASE NOTE: IF SUBMITTING REQUEST BY MAIL
 COMPLETE SWORN STATEMENT & CERTIFICATE OF ACKNOWLEDGMENT ON PAGE 2**

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the State of California, that I am
 (Applicant's Printed Name)
 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 following individual(s):

Name of Person Listed on Certificate	# of Copies	Applicant's Relationship to Person Listed on Certificate (Must be a relationship listed on page 1 of the application)

Subscribed to this _____ day of _____, 20____, at _____,
 (Day) (Month) (Year) (City) (State)

 (Applicant's Signature)

Note: If submitting your order by mail and requesting a Certified Copy, you must have your sworn statement notarized using the Certificate of Acknowledgment 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 requestor may have a different authorized relationship to each being requested (i.e., Mother on onerequest, Registrant on another request, etc.).

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 to the truthfulness, accuracy, or validity of that document.

CERTIFICATE OF ACKNOWLEDGMENT

State of _____ County of _____

On _____ before me, _____,
 (Date) (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.

 SIGNATURE OF NOTARY PUBLIC

Mail Death Certificate to:

Name _____
 Address _____
 City, State, Zip _____
 Email _____
 Phone (_____) _____
 # of Copies _____ X \$24.00 = _____

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