Effective July 1, 2003, California law permits only authorized individuals to receive certified copies of death records required for formal legal purposes, such as insurance and other benefits. If requesting an authorized certified copy, complete all application sections and submit with the notarized statement described in Section 4.

An informational certified copy may be obtained by anyone but cannot be used to establish formal identity. If requesting an informational certified copy, complete sections 1 and 2 only and submit the application. A notarized statement is not required for an informational only copy.

The health department furnishes certified copies for deaths registered during the current and past calendar year only.

Submit this application form with appropriate fees to:
Public Health Services – Vital Records Unit
PO Box 2009, Stockton, CA 95201-2009

Permanent records are kept at County Recorder’s Office at:
44 N. San Joaquin St., 2nd floor Ste. 260, Stockton, CA 95202
www.sjgov.org/Recorder/Vital.htm

<table>
<thead>
<tr>
<th>Certificate Type Requested:</th>
<th>___Authorized Certified</th>
<th>___Informational Only</th>
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<tbody>
<tr>
<td>Number of Certificates</td>
<td>___Amended ___Pending VA ___</td>
<td>Date Requested ______</td>
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</tbody>
</table>

1. Decedent/Registrant Information

Name _________________________________________ Date of Death ___/____/___
Place of Death ____________________________

2. Requestor Information

Requested by: ________________________________
Mail to: ____________________________________
Mail Address: ________________________________
Number and Street ________________________ City ________ State ________ Zip Code ______

3. Authorized Individual Information – Complete this section if requesting authorized certified copy. Specify which category of authorized individual you are:

- Parent or legal guardian of the registrant
- Party entitled to receive the record as a result of a court order
- Member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business
- Child, grandparent, sibling, spouse, or domestic partner of the registrant
- Attorney representing the registrant or the registrant’s estate; a person or agency empowered by statute or appointed by a court to act on behalf of the registrant or registrant’s estate
- Funeral director ordering certified copies of a death certificate on behalf of an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 17100 of the California Health and Safety Code
4. Notarized Statement – A written request for an authorized certified copy must be accompanied by a notarized statement, sworn under penalty of perjury that the requester is an authorized person, as required by state law. *Your application will be returned if the required statement below is not signed and notarized.*

This section is not required for an informational only copy.

Sworn Statement

I, ____________________, declare 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 death record of the individual identified on this application.

Sworn this ____ day of ______, 20____, at ______________, __________.

Day  Month  year  City  State

_________________________________
Signature

CERTIFICATE OF ACKNOWLEDGEMENT

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 ________________________________

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 SEAL)

Notary Signature

Fees – Fees for certificate copies are established by state law. Include check or money order payable to: San Joaquin County Public Health Services Effective January 1, 2022, the fee is $24.00 per copy.