

Office of Vital Statistics
 463 Aviation Blvd, Santa Rosa, CA 95403
 Telephone: 707-565-4407 Fax: 707-565-4413

Sonoma County Department of Health Services
 Counter Service Hours: 9:00 a.m. – 4:00 p.m.
 Closed: 12:00 pm – 1:00 pm

APPLICATION FOR CERTIFIED COPY OF DEATH RECORDS FOR 2025 AND 2026 ONLY: \$26.00 per copy

DEATH CERTIFICATE RECORDS FOR ALL OTHER YEARS (including current year) are STORED AT COUNTY CLERK, www.SonomaCounty.gov/clerk

As part of statewide efforts to reduce identity theft, California law (Health and Safety code Section 103526) permits only authorization individuals as listed on the application to receive certified copies of death records. All others will be issued **Certified Informational Copies** marked with the legend, “**Informational, Not a Valid Document to Establish Identity.**”

Section 1: Death Certificate Information (Please print or type)				
First Name of Decedent		Middle Name of Decedent	Last Name of Decedent	
Date of Death	Gender	City of Death	FOR OFFICE USE ONLY Date Received _____ No. _____ Date Prepared _____ Issued by _____ <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover CC Auth #: _____	
Father's Name		When copies completed: <input type="checkbox"/> Pick Up <input type="checkbox"/> Mail		
Mother's Name				
Section 2: Applicant Information (Please print or type)				
Name of Person Completing Application		Mailing address and zip code	Telephone No.	No. of copies requested _____
Name of Person Receiving Copies, if Different From Above			Mailing Address for Copies, if Different From Above	

If applying in person, go to 463 Aviation Blvd, Santa Rosa, CA 95403 Photo ID is required

If mailing or faxing your application: the sworn statement on the back of this form must be notarized, (see attached instructions).

<input type="checkbox"/> I would like a Certified Copy . This copy will establish the identity of the Registrant. To receive a Certified Copy, you must indicate your relationship to the registrant by selecting from the list below, AND complete the Sworn Statement on the back of the form declaring that you are eligible to receive the Certified Copy. The Sworn Statement must be notarized if the application is submitted by mail or fax.	<input type="checkbox"/> I would like a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, “ Informational, Not A Valid Document to Establish Identity. ” A sworn statement does not need to be provided.
To receive a Certified Copy I am: <input type="checkbox"/> A parent, legal guardian or conservator of the registrant (person listed on the certificate). Legal guardian and conservator must provide documentation. <input type="checkbox"/> A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant. <input type="checkbox"/> A surviving next of kin (as specified in HSC 7100) <input type="checkbox"/> A party entitled to receive the record as a result of a court order. Please include a copy of the court order. <input type="checkbox"/> A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting an official business. Companies representing a government agency must provide authorization from the government agency. <input type="checkbox"/> 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 <input type="checkbox"/> Any agent or employee of a funeral establishment who acts within the course and scope of his or her employment and 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 of the Health and Safety Code. <input type="checkbox"/> Appointed rights in a power of attorney, or an executor of the registrant's estate. Please include a copy of the power of attorney, or supporting documentation identifying you as executor.	

SWORN STATEMENT

I, _____, swear under penalty of perjury under the laws of the State of California that
(Printed Name)

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 following individual(s):

Table with 2 columns: Name of Decedent, Relationship to Decedent

Sworn this date: _____, at _____, _____
(Today's Date) (City) (State)

(Signature)

Note: If submitting your order by mail or fax, you must have your sworn statement notarized using the Certificate of Acknowledgment below. If submitting your order in person, you must sign this in the presence of Vital Statistics staff. (Law enforcement and local and state governmental agencies are exempt from the notary requirement.)

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 _____) ss

On _____, before me, _____, personally
(Insert your name and title)

appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name 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

We are located at 463 Aviation Blvd, Santa Rosa, CA 95403.

Death records are maintained in this office for 2025 AND 2026 ONLY.

Death records for ALL OTHER YEARS are available at County Clerk, 585 Fiscal Drive, Suite 103, Santa Rosa, CA 95403. Tel. 707-565-3800 www.SonomaCounty.gov/clerk

Instructions:

1. For a Regular Certified copy, complete the entire form.
2. For an Informational Certified copy, mark the Informational Copy box, and complete Sections 1 and 2 of this form. The cost is the same--\$26.00.
3. If you submit your order in person, you must:
 - Sign a sworn statement in the presence of an Office of Vital Statistics employee.
 - Show photo identification.
 - Submit payment by check, cash, postal or bank money order, MasterCard or Visa credit card.
4. **If you submit your request by mail, the sworn statement must be signed in the presence of a Notary Public.** PLEASE NOTE: Only one notarized sworn statement is required for multiple certificates requested at the same time; however, the sworn statement must include the name of each individual whose death certificate you wish to obtain and your relationship to that individual. Note: A Funeral Director ordering copies on behalf of an individual specified in paragraphs (1) to (5) inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code is not required to complete the notarized statement.
5. Use a separate application form for each individual person for whom you are requesting a certified death certificate. You may request several copies for the same person on one form. If submitting your request by mail, remember to identify each certificate requested on the sworn statement.
6. If you indicate that you want to pick up the certificate at our office, please be sure your phone number is legible so that we may contact you when it is ready.
7. Faxed requests are acceptable if the notarized portion of the application is valid and readable AND is processed in conjunction with a phone call from the applicant paying for the certificate with a Visa or MasterCard credit card. After the credit card transaction is completed AND the faxed notarized application is received, a certified copy will be mailed to you. You may call from 9:00 a.m. – 4:00 p.m., Pacific Time, to request this service. Our phone number is: 707-565-4407 and our fax number is 707-565-4413.
8. Submit \$26.00 for each certified copy requested. If no record of death is found, the \$26.00 fee will be retained for searching as required by statute. If you are mailing your request, indicate the number of certified copies you wish and include sufficient money with this application in the form of a personal check, postal or bank money order made payable to **Sonoma County Health Department**. Mail this application with the fee(s) to the Office of Vital Statistics 463 Aviation Blvd, Santa Rosa, CA 95403.

Additional application forms may be obtained through our web site:

<https://sonomacounty.gov/health-and-human-services/health-services/divisions/public-health/office-of-vital-statistics>

**Office of Vital Statistics
463 Aviation Blvd
Santa Rosa, CA 95403
Tel. 707-565-4407**