Office of Vital Statistics
463 Aviation Blvd., Santa Rosa, CA 95403
Tel. (707) 565-4407 Fax (707) 565-4413

EDRS Hours:
9:00 a.m. - 11:30 p.m.
1:30 p.m. - 4:00 p.m.

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 RECORD -- $26.00 (FUNERAL HOME ONLY)

Decedent Information (please print or type)			
Name of Decedent – First (Given)	Middle Name	Last (Family)	
Date of Death	City of Death	Date Ordered	**Number and Type of Copies** _____ Copies _____ Pending _____ Amended _____Coroner's Final
Applicant Information (please print or type)			
Name of Funeral Home	Mailing Address	Telephone No. _____	
When copies completed: ☐ Pick Up ☐ Mail	Date Picked Up: _____ _____ Signature	**For Office Use Only** Date Received _____Issued by _____ Date Prepared _____ No. _____	

The California Health and Safety Code, Section 103526, permits only authorized persons 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."**

An 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.

Please send a self-addressed stamped envelope with your order if you want the certificates mailed.

If ordering more than one type of death certificate (e.g. final, pending, amended), please submit a separate order form for each.

SWORN STATEMENT

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

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 identified on this application form.

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

_____
(Signature)