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

EDRS Hours:
9:30 a.m. - 12:00 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 FETAL DEATH RECORD -- $23.00 (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 Certifies Ordered	**Number of copies requested** _____

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)				
Name of Funeral Home	Address, if out of town			Telephone No. ( ) _____
Name of Person Receiving Copies, if different from above		City	State	ZIP Code
When copies completed: ☐ Pick Up ☐ Mail	Date Pick 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.

FOR APPLICATIONS BY MAIL, PLEASE SEND A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR ORDER.

IF ORDERING BOTH PENDING AND FINAL DEATH CERTIFICATES, PLEASE SUBMIT 2 SEPARATE ORDER FORMS.

IF THIS IS A PENDING INVESTIGATION CASE AND YOUR ORDER DOES NOT SPECIFY THAT YOU WANT PENDING COPIES, YOUR ORDER WILL AUTOMATICALLY BE HELD UNTIL CAUSES OF DEATH ARE DETERMINED.

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)