



DEATH

**READ AND COMPLETE THIS FORM PRIOR TO GETTING INTO THE ORDER LINE -
YOU MUST SIGN THE SWORN STATEMENT IF YOU ARE REQUESTING A CERTIFIED COPY**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
WALK-UP COUNTER VITAL RECORD REQUEST FOR **DEATH** CERTIFICATE

This office only has access to records of those persons who died in the City and/or County of San Francisco. This form is only good for our walk-up window.

- Informational Copy Only** - CANNOT BE USED FOR IDENTIFICATION
- Certified Copy*** - I am eligible to request a certified copy because I am :
 - The parent or legal guardian of the decedent (person listed on the certificate).
 - A party entitled to receive the record as a result of a court order. (Must present a 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. (Companies representing a government agency must provide authorization from the government agency.)
 - A child, grandparent, grandchild, brother or sister, spouse, or domestic partner of the registrant.
 - 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. (You must present substantiation that you represent the estate at the window. If you are requesting a Certified Copy under a power of attorney, please include a copy of the power of attorney with this application form.)
 - 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 an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100 of the Health and Safety Code.

YOUR NAME	TODAY'S DATE	TELEPHONE NUMBER ()
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SWORN STATEMENT – Certified Copy Only

I declare under penalty of perjury under the laws of the State of California, that I (Signature) _____, 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 birth or death record of the person listed below. I am the * _____ (relationship) of the following individual.

NUMBER OF COPIES _____ (\$24 PER COPY)

DATE OF DEATH		
MONTH	DAY	YEAR
DECEDENT'S FIRST NAME:	DECEDENT'S MIDDLE NAME:	DECEDENT'S LAST NAME

DEATH MUST HAVE OCCURRED IN THE CITY AND COUNTY OF SAN FRANCISCO

FOR OVR STAFF USE ONLY	ORDER #:	LFN:
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