



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, SANTA CRUZ CA 95061-0962
1430 FREEDOM BOULEVARD, SUITE A, WATSONVILLE CA 95076
TELEPHONE: (831) 763-8430 FAX: (831) 763-8431

PUBLIC HEALTH DIVISION
OFFICE OF VITAL RECORDS

APPLICATION FOR CERTIFIED COPY OF DEATH RECORD FOR FUNERAL HOMES

Mail

Re-order

Pick up

Amendment

Decedent Name _____ LRN _____

Date of Death _____ City of Death _____

Item	Price	Quantity
Death Certificate	\$24.00	
Disposition Permit	\$12.00	
Fetal Death Certificate	\$18.00	
Transit Letter - English	\$10.00	
Transit Letter – Spanish	\$10.00	
Still Birth Certificate	\$32.00	
VA Death Certificate	\$0.00	

Funeral Home _____

Address _____

Requested by _____

SWORN STATEMENT

I, _____, declare under penalty of perjury under the laws of the
(Printed Name)
State of California, that I am an authorized person, as defined in California Health & Safety Code section 103526(c), and am eligible to receive a certified copy of the death record for the above named decedent.

Declared this ____ day of _____, 20____, at _____, California
(Day) (Month) (Year) (City) (State)

By _____
(signature)



For official use only

Banknote # _____

Date _____ by _____