

# APPLICATION FOR DEATH-RELATED PURCHASES (FUNERAL HOME ONLY)



Certified copies of death certificates are available at this office for 90 days only. Thereafter, copies must be obtained from the Santa Clara County Clerk-Recorder's Office at 70 W. Hedding St in San Jose or online at [www.clerkrecorder.org](http://www.clerkrecorder.org)

## PURCHASING INFO

Indicate quantity of each item you would like to purchase, total amount enclosed, and enclosures. Complete the sworn statement.

ITEM	QTY	X PRICE	TOTAL
Death Certificate <i>Unrestricted Certified Copy</i> <input type="checkbox"/> <b>Death Amendment</b>		\$	= \$
Death Certificate <i>Informational Copy</i>		\$	= \$
Disposition Permit		\$	= \$
After Hours Disposition Permit		\$	= \$
Fetal Death Certificate		\$	= \$
Stillbirth Certificate		\$	= \$
Transit Letter <input type="checkbox"/> <b>Spanish</b>		\$	= \$
<b>TOTAL ENCLOSED</b>			\$
<b>ENCLOSURES</b>			
Check Enclosed # _____ (\$20.00 fee for each returned check. Credit/Debit available in-person only.)			
<input type="checkbox"/> Copy 4 of signed Disposition Permit, if applicable			

## SWORN STATEMENT

I, \_\_\_\_\_, declare under  
(Applicant's Printed Name)  
penalty of perjury under the laws of the State of California, that I am an agent or employee of a funeral establishment ordering certified copies of a death certificate on behalf of my client and am eligible to receive an unrestricted certified copy of the death record of the decedent listed below.

Subscribed to this \_\_\_\_ day of \_\_\_\_\_,  
(Day) (Month)  
20\_\_\_\_, at \_\_\_\_\_, CA.  
(City)

\_\_\_\_\_  
(Applicant's Signature)

## APPLICANT INFORMATION

Company Name	Telephone with Area Code
Print Name of Applicant	Fax Number with Area Code
Mailing Address—Number, Street	<input type="checkbox"/> US Mail to the address listed <input type="checkbox"/> I will pick up from 976 Lenzen Ave
City, State, Zip code	

## DECEDENT INFORMATION

First Name	Middle Name	Last Name	Sex
City of Death	County of Death	Date of Death (MO-DY-YR)	

## OFFICE USE ONLY

LFN	Date Received	Date Run	Staff Initial
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Vital Records & Registration | 976 Lenzen Ave, Ste 1300, San Jose, CA 95126 | 408-885-2008  
Office Hours Monday – Friday 9am-4pm | [www.sccphd.org/vitalrecords](http://www.sccphd.org/vitalrecords)