



FUNERAL HOME / MORTUARY APPLICATION FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

Death records for the current and past calendar year

FUNERAL HOME INFORMATION:

FUNERAL HOME NAME:

MAILING ADDRESS:

TELEPHONE NUMBER:

STAFF PLACING ORDER:

DECEDENT INFORMATION:

NAME:

First, Middle, Last

LRN (last 4 digits):

DATE OF DEATH:

CITY OF DEATH:

ORDER INFORMATION:

ITEM	QTY	PRICE	TOTAL
Death Certificate			
Fetal Death Certificate			
Burial Permit			
Total Amount Due			

TODAY'S DATE:

DATE NEEDED:

a. Veteran Copy (No Fee): Yes No

b. Non-Contagious Disease Letter / Transport (No Fee): Yes No

c. Amended Copies: Yes No

Please verify the amendment is registered and available. The office will not be responsible for orders received before amendment is registered.

By Mail: Make check/money order payable to: San Joaquin County Public Health Services

Mail application and payment to: Public Health Services – Vital Records Unit, PO Box 2009, Stockton, CA 95201

All sales are final. No refunds or replacements. We are not responsible for lost, stolen, or misdirected mail.

For questions or for further assistance, please call PHS Vital Records Office at (209) 468-3401

SWORN STATEMENT:

I, _____, declare under penalty of perjury under the laws of the State of California, 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 of the identified person on this application form.

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

Signature: _____

RECEIPT OF ORDER:

In-person pick-up only - Funeral Home staff sign here to confirm receipt of certified copies - Return application to staff

Print Name _____ Signature _____ Date _____

Office Use Only: Date Processed: _____	Staff Initials _____
Check/Money Order #: _____	Banknote #(s): _____