

# Public Health Department

Santa Clara Valley Health & Hospital System



Vital Records Office  
976 Lenzen Avenue, Suite 1300  
San Jose, CA 95126  
Tel: 1-408-885-2008

Web: <http://www.sccphd.org/vitalrecords/>  
Office Hours: M-F 9am – 4pm

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

Registered copies of birth and death certificates are kept at the Santa Clara County Public Health Department for the current year and one previous year. After such a span of time, copies may be obtained from the Santa Clara County Clerk-Recorder's Office: 70 West Hedding Street, San Jose, CA, 95110, for the same fee(s).

*\*THE FEE FOR VITAL RECORDS MUST BE PAID IN ADVANCE BY THE APPLICANT. IF NO RECORD IS FOUND, THE FEE WILL BE RETAINED FOR SEARCHING AS REQUIRED BY CALIFORNIA STATUTE [H&S 103625, GC 27369]*

### PURCHASING INFO

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

| ITEM  | QTY | PRICE     | TOTAL |
|---|-----|-----------|-------|
| Death Certificate – Unrestricted Certified Copy |     | x \$21.00 | = \$  |
| Death Certificate – Informational Copy          |     | x \$21.00 | = \$  |
| Death Certificate – VA Copy                     |     | x \$ 0    | = \$  |
| Burial Permit                                   |     | x \$12.00 | = \$  |
| Cross-File Permit (county of death)             |     | x \$ 3.60 | = \$  |
| Cross-File Permit (county of issuance)          |     | x \$12.40 | = \$  |
| After Hours Burial Permit                       |     | x \$12.00 | = \$  |
| Fetal Death Certificate                         |     | x \$18.00 | = \$  |
| Stillbirth Certificate                          |     | x \$ 9.00 | = \$  |
| Transit Letter<br>Spanish                       |     | x\$20.00  | = \$  |
| TOTAL ENCLOSED                                  |     |           | \$    |

### ENCLOSURES

- Check Enclosed # \_\_\_\_\_
- Copy 4 of signed Burial Permit, if applicable

### SWORN STATEMENT

I, \_\_\_\_\_, declare under penalty of perjury  
(Applicant's Printed Name)  
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 \_\_\_\_\_, 2014, at San Jose, CA.  
(Day) (Month) (City) (State)

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

### APPLICANT INFORMATION

|                                    |   |
|------------------------------------|---|
| Organization Name<br>_____→        | Telephone Number with Area Code                                 |
| Contact Name<br>_____→             | Fax Number with Area Code                                       |
| Address – Number, Street<br>_____→ | <input type="checkbox"/> U. S. Mail to me at the address listed |
| City, State & ZIP Code<br>_____→   | <input type="checkbox"/> I will pick-up from 976 Lenzen Ave.    |

### DECEDENT INFORMATION

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

### OFFICE USE ONLY

|                   |               |               |          |
|-------------------|---------------|---------------|----------|
| Local File Number | Staff Initial | Date Received | Date Run |
|-------------------|---------------|---------------|----------|