

Office of Vital Statistics  
463 Aviation Blvd., Santa Rosa, CA 95403  
Tel. (707) 565-4407 Fax (707) 565-4413

Sonoma County Department of Health Services  
Counter Service Hours: 9:00 a.m. – 4:00 p.m.  
Closed: 12:00 pm – 1:00 pm

**EDRS Hours:**  
**9:30 a.m. - 12:00 p.m.**  
**1:30 p.m. - 4:00 p.m.**

## APPLICATION FOR CERTIFIED COPY OF FETAL DEATH RECORD -- \$21.00 (FUNERAL HOME ONLY)

<b>DECEDENT INFORMATION</b> (PLEASE PRINT OR TYPE)			
Name of Decedent – First (Given)		Middle Name	Last (Family)
Date of Death	City of Death	Date Certifies Ordered	Number of copies requested _____
<b>APPLICANT INFORMATION</b> (PLEASE PRINT OR TYPE)			
Name of Funeral Home		Address, if out of town	Telephone No. ( ) _____
Name of Person Receiving Copies, if different from above		City	State ZIP Code
When copies completed:	Date Pick Up _____  Signature	For Office Use Only	
<input type="checkbox"/> Pick Up  <input type="checkbox"/> Mail		Date Received _____	Issued by _____  Date Prepared _____ No. _____

The California Health and Safety Code, Section 103526, permits only authorized persons to receive certified copies of death records. Those who are **not** authorized by law to receive a certified copy will receive a certified copy marked "INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY."

An 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 any individual specified in paragraphs (1) to (5) inclusive of subdivision (a) of Section 7100 of the Health and Safety Code.

**FOR APPLICATIONS BY MAIL, PLEASE SEND A SELF ADDRESSED STAMPED ENVELOPE WITH YOUR ORDER.**

**IF ORDERING BOTH PENDING AND FINAL DEATH CERTIFICATES, PLEASE SUBMIT 2 SEPARATE ORDER FORMS.**

**IF THIS IS A PENDING INVESTIGATION CASE AND YOUR ORDER DOES NOT SPECIFY THAT YOU WANT PENDING COPIES, YOUR ORDER WILL AUTOMATICALLY BE HELD UNTIL CAUSES OF DEATH ARE DETERMINED.**

### SWORN STATEMENT

I, \_\_\_\_\_, swear under penalty of perjury under the laws of the State of California,  
(Printed Name)

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 identified on this application form.

Sworn this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_  
(Day) (Month) (Year) (City) (State)

\_\_\_\_\_  
(Signature)