



SANTA BARBARA COUNTY CLERK-RECORDER

APPLICATION FOR DEATH CERTIFICATE

Applications for certified copies of birth records can be submitted in THREE (3) ways:

<u>IN PERSON:</u>	<u>BY MAIL:</u>	<u>BY FAX:</u>
<p>\$21.00 per copy at either of our two (2) offices.</p>	<p>\$23.00 returned First Class Mail <u>or</u> \$44.50 USPS Express mail.</p>	<p>\$51.50 delivered via USPS Express mail</p>
<p>Hall of Records 1100 Anacapa Street Santa Barbara, CA 93101</p> <p>OR</p> <p>Betteravia Government Center 511 East Lakeside Parkway #115 Santa Maria, CA 93455</p> <p>Please fill out the application and be prepared to show government-issued photo ID.</p> <p>All records from 1975-present may be obtained immediately. All previous records may have a wait time of 1-2 days.</p>	<p><u>First Class Mail</u> Santa Barbara County Clerk-Recorder P. O. Box 159 Santa Barbara, CA 93102-0159</p> <p>OR</p> <p><u>Courier Service (FedEx, UPS, etc)</u> Santa Barbara County Clerk-Recorder 1100 Anacapa St, Hall of Records Santa Barbara, CA 93101</p> <p>Add \$21.00 per additional copy.</p> <p>Sworn statement and acknowledgment must be properly filled out.</p> <p>Requests are processed in 7-10 business days if all requirements are met.</p> <p>Please do not mail cash.</p>	<p>(805) 568-2266</p> <p>Add \$21.00 per additional copy.</p> <p>Sworn statement and acknowledgment must be properly filled out.</p> <p>Requests are processed in 1-3 business days if all requirements are met.</p>

*If no record of the death is found, the fee will be retained for the search and a Certificate of No Record Found will be issued.
(Health and Safety Code 103650)*

Our office accepts cash, checks, money orders, and credit cards (No American Express).
Please make check payable to: Santa Barbara County Recorder.

PHONE: (805) 568-2250 | www.sbcrecorder.com

BEGIN APPLICATION HERE:

1	<p>RETURN OPTIONS FOR MAILED-IN REQUESTS ONLY (Choose one):</p> <p style="text-align: center;"> <input type="checkbox"/> Standard ground <input type="checkbox"/> USPS Express delivery <input type="checkbox"/> International (you must include prepaid shipping label) </p> <p style="text-align: center;">*****NOTE: ALL FAXED IN REQUESTS WILL BE RETURNED BY EXPRESS MAIL ONLY*****</p>
2	<p>DEATH CERTIFICATE INFORMATION – Please enter as much information as possible</p> <p>Name on Record: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> First Middle Last </div> </p> <p>Date of Death: _____ City of Death: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (if unknown, enter approximate date) (must be in Santa Barbara County) </div> </p> <p>Mother's Maiden Name _____ Name of Spouse/Domestic Partner: _____</p> <p>Social Security Number: _____ <div style="text-align: center; font-size: small;">(if unknown, leave blank)</div> </p>
<p>PLEASE CONTINUE APPLICATION ON NEXT PAGE →</p>	

Trans# _____

In an effort to reduce identity theft, California Health and Safety Code 103526 permits only authorized persons as defined below to receive certified AUTHORIZED copies of death records. Those who are not authorized by law to receive a certified authorized copy will receive a certified INFORMATIONAL copy marked:

“INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY”

3	I am requesting a Certified AUTHORIZED copy	I am requesting a Certified INFORMATIONAL copy SIGN HERE: _____ You may skip to #5
<p>To obtain a Certified Authorized Copy, I am:</p> <p>The parent or legal guardian of the person listed on the death record (Legal guardian must provide documentation)</p> <p>A child, grandparent, grandchild, sibling, spouse, or domestic partner of the person.</p> <p>A person who has a court order to obtain the record (include copy of court order)</p> <p>A member of a law enforcement agency or representative of a government agency, as provided by law, who is conducting official business. (Companies representing a government agency must provide authorization from the government agency.)</p>		<p>An individual described in paragraph (1) to (8), inclusive, of subdivision (a) of the Health & Safety Code 7100. Agent under power of attorney for healthcare, surviving competent adult person respectively in the next degree of kinship, conservator of the person or person's estate.</p> <p>An attorney representing the person or the person's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the person or the person's estate. (Please include a copy of the power of attorney, or supporting documentation identifying you as an executor.)</p> <p>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 an individual specified in paragraphs (1) to (5), inclusive, of subdivision (a) of Section 7100.</p>

4	I am the person's _____ (ex. CHILD, PARENT, SPOUSE, etc.)
----------	---

5	Requested by:
Name: _____	Date: _____ No. of Copies: _____
Agency (if Applicable): _____	<p>Mail To (if different):</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>
Address: _____	
City/State/Zip: _____	
Phone number: _____	
Email address: _____	

FOR CERTIFIED AUTHORIZED COPIES ONLY (NOT REQUIRED FOR INFORMATIONAL COPIES):

6	<p>STOP! YOU MUST COMPLETE THIS SECTION IN FRONT OF COUNTY CLERK STAFF <u>OR</u> A NOTARY PUBLIC</p> <p>I, _____ declare under penalty of perjury under the laws of <small>(Printed name)</small> the State of California, that the foregoing information is true and correct.</p> <p>Signature: _____ Date: _____ City & State: _____</p>
----------	---

7	<p>CERTIFICATE OF ACKNOWLEDGMENT – TO BE COMPLETED BY A NOTARY PUBLIC Not required for Law Enforcement</p> <p>A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.</p> <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>On _____ before me, _____, Notary Public, personally <small>(Date)</small> <small>(Printed Name of Officer)</small> <small>(Title of Officer)</small></p> <p>appeared _____, who proved to me on the basis of satisfactory evidence <small>(Name of Requestor)</small></p> <p>to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal.</p> <p>Signature _____ <small>(Officer signature)</small></p> <p>Printed name of notary: _____</p> <p>Date of expiration: _____</p> <p>Commission number: _____</p> <p style="text-align: right;">(Seal)</p>
----------	---

JOSEPH E. HOLLAND
County Clerk, Recorder and Assessor
Registrar of Voters



Hall of Records
1100 Anacapa St.
Santa Barbara, CA 93101

Mailing Address:
PO Box 159
Santa Barbara, CA 93102

MELINDA GREENE
Chief Deputy Clerk-Recorder

**COUNTY CLERK, RECORDER AND ASSESSOR
CLERK-RECORDER DIVISION**

CLERK-RECORDER CREDIT CARD AUTHORIZATION FORM
VISA/MASTERCARD/DISCOVER ONLY
NO AMERICAN EXPRESS

I hereby authorize the Office of the County Clerk-Recorder to charge the following credit card for payment of requested service:

Applicant Name: _____

Phone #: (_____) _____

Cardholder (name as appears on credit card): _____

Credit Card Number: _____ **Exp Date:** ____ / ____
(American Express Not Accepted)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Cardholder Phone Number: (_____) _____

Cardholder Signature: _____ **Date:** ____ / ____ / ____

Note: This credit card authorization form will be kept on file for 60 days from date of service. Any disputed charges made in conjunction with this request, shall be made within 45 days from date of service.

<p>OFFICE USE ONLY</p> <p>Transaction #: _____</p>
