



Contra Costa County  
Department of  
Public Health

Vital Registration  
10 Douglas Dr., Ste 220  
Martinez, CA 94553

Tel: 925-313-1122  
Fax: 925-313-1127  
Funeral Home Hours:  
Mon-Fri 8am –4pm

<http://cchealth.org/vital-registration/funetary-agents.php>

**APPLICATION FOR DEATH-RELATED PURCHASES (Funeral Home/Mortuary Use ONLY)**

Indicate the quantity of each item you would like to purchase & total enclosed.

ITEM	QTY	PRICE	TOTAL
Death Certificate		x \$25.00 = \$	
Fetal Death Certificate		x \$22.00 = \$	
Transit Letter		x \$10.00 = \$	
Burial Permit		x \$12.00 = \$	
Emergency Filing Fee		X \$50.00 = \$	
<b>TOTAL ENCLOSED</b>			\$

**MAKE CHECKS PAYABLE TO: VITAL REGISTRATION**

- I WILL PICK UP ORDER
- PLEASE MAIL MY ORDER. (ORDERS CAN ONLY BE MAILED TO THE PURCHASER).

**FUNERARY AGENT SWORN STATEMENT**

I, \_\_\_\_\_, declare under 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 as defined in California Health and Safety Code Section 103526(c), to receive a certified copy of the death record for the following individual.

Sworn this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, CA \_\_\_\_\_  
(Day) (Month) (City) (Signature)

**FUNERAL HOME/ APPLICANT INFORMATION**

Organization Name →		Your Name
Address – Number, Street →		Telephone Number with Area Code, in case clarification is needed.
City, State & ZIP Code →		

**DEATH CERTIFICATE INFORMATION**

First Name of Decedent	Last Name	
City of Death	Date of Death	Amended copies? Yes                      No

**VITAL REGISTRATION OFFICE USE ONLY**

Date Proc'd	Banknote Serial #s	Staff	SASE Yes      No	LFN
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