

**SANTA BARBARA COUNTY CLERK RECORDER
APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**



**Applications for certified copies of death records can be submitted
THREE (3) ways:**

IN PERSON: \$21.00 per copy in either of our two (2) offices.

Please fill out the application and sworn statement and be prepared to show government issued photo ID.
All records from 1975 to the present can immediately be obtained over the counter.
All previous records may have a wait time of between 15 minutes to one day.

Physical Addresses:

Santa Barbara County Recorder
Hall of Records, County Courthouse
1100 Anacapa Street
Santa Barbara, CA 93101
(805) 568-2250

Santa Maria Government Center
511 East Lakeside Parkway #115
Santa Maria, CA. 93455
(805) 346-8370

BY MAIL: \$23.00 First Class Mail or \$44.50 U.S. Post Office express delivery mail.

Note: Add \$21.00 per additional copy.
Sworn statement and acknowledgment must be properly filled out.
Requests are processed within 7-10 business days if all requirements are met.

Mailing Address:

Santa Barbara County Recorder
P. O. Box 159
Santa Barbara, CA 93102-0159

FAXED IN: \$51.50 and delivered U.S. Post Office express delivery mail.

Note: Add \$21.00 per additional copy.
Sworn statement and acknowledgment must be properly filled out.
Requests are processed between 1-3 business days if all requirements are met.

FAX NUMBER: (805) 568-2266

For more information, please visit our website www.sbcrecorder.com

**SANTA BARBARA COUNTY CLERK AND RECORDER
APPLICATION FOR CERTIFIED COPY OF DEATH RECORD**

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

PLEASE INDICATE WHETHER YOU WOULD LIKE A CERTIFIED AUTHORIZED COPY OR AN CERTIFIED INFORMATIONAL COPY

<input type="checkbox"/> I request a Certified Authorized Copy . This copy will establish the identity of the registrant. (To receive a Certified Copy you must indicate your relationship to the registrant by selecting from the list below AND complete the attached Sworn Statement declaring that you are eligible to receive the Certified Copy. Your signature on the Sworn Statement must be acknowledged by a Notary Public if the application is submitted by mail or fax.)	<input type="checkbox"/> I request a Certified Informational Copy . This document will be printed with a legend on the face of the document that states, “INFORMATIONAL, NOT A VALID DOCUMENT TO ESTABLISH IDENTITY” . A sworn statement does not need to be provided.
--	--

**MAILED IN
REQUESTS:**

*****NOTE: ALL FAXED IN REQUESTS WILL BE RETURNED BY: EXPRESS MAIL ONLY*****

First class (standard ground)
 Express Mail (U. S. Postal Service Express delivery)

To receive an **Authorized** Copy I am:

- A parent or legal guardian of the registrant (person listed on the certificate). (Legal guardian must provide documentation)
- A party entitled to receive the record as a result of a court order. (Please include a copy of the court order).
- A member of a law enforcement agency or a representative of another governmental agency, as provided by law, who is conducting official business. (*Companies representing a government agency must provide authorization from the government agency.*)
- A child, grandparent, grandchild, sibling, spouse, or domestic partner of the registrant.
- An attorney representing the registrant or the registrant's estate, or any person or agency empowered by statute or appointed by a court to act on behalf of the registrant or the registrant's estate. (*Please include a copy of the power of attorney or supporting documentation identifying you as executor.*)
- 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.

APPLICANT INFORMATION (PLEASE PRINT OR TYPE)

Printed Name of Applicant		Signature of Applicant		Today's Date	
Telephone Number – Area Code First ()			Email Address		
Address – Number, Street		City	State	ZIP Code	
(IF FAXED OR MAILED) Recipient, if different from applicant		No. of Copies	Amount Enclosed	Purpose of Request	
Mailing Address for Copies, if Different From Above		City		State	ZIP Code

DECEDENT INFORMATION (PLEASE PRINT OR TYPE)

Name of Decedent – First (Given)		Middle		Last (Family)		Sex
Place of Death – City or Town		Place of Death – County		Place of Birth		Date of Birth
Date of Death – Month, Day, Year (Or Period of Years to be searched)				Social Security Number		
Mother's Maiden Name/Parent's Name at Birth				Name of Spouse/Domestic Partner of Decedent		

PLEASE COMPLETE THE NEXT PAGE

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>
