



City and County of San Francisco

San Francisco Department of Public Health

OFFICE OF VITAL RECORDS

Death Registry

101 Grove Street, Room 113

San Francisco, CA 94102

Ph: (415) 554-2713 Fax: (415) 554-2822

OPEN MONDAY – FRIDAY

9:00 a.m. – 11:30 a.m.

1:00 p.m. – 3:30 p.m.

APPLICATION FOR DEATH-RELATED PURCHASES (FUNERAL HOME/MORTUARY USE ONLY)

PURCHASING INFORMATION:

Attach Check or Money Order payable to DPH and the 4th Copy of Disposition Permit for each Decedent.

** For walk up expedites, please allow 2 hours. Fax request ahead of time for your convenience.

*** For URGENT after hours (weekend/holiday) death registration, please email sfdph247@yahoo.com. An additional fee of \$42 will apply to all After Hours and Weekend registrations.

ITEMS	TOTALS	PRICE	TOTAL
Death Certificate		x \$24.00	= \$
Fetal Death Certificate		x \$21.00	= \$
Burial Permit		x \$12.00	= \$
NCD Letter		x \$15.00	= \$
Expedite Fee - Walk Up**		x \$30.00	= \$
Expedite Fee – After Hours***		x \$42.00	= \$
TOTAL AMOUNT ENCLOSED			= \$

SWORN STATEMENT

I, _____
(Printed Name)

Swear 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(s) on behalf of my client and am eligible to receive an unrestricted, certified copy of the death record of the decedent listed below.

Sworn this:

_____ day of _____, 20____, at _____, CA
(day) (month) (year) (city)

(signature)

APPLICANT INFORMATION

Organization Name	Telephone Number ()
First & Last Name	<input type="checkbox"/> U.S. Mail to me at this address
Address – Number, Street	
City, State & Zip Code	<input type="checkbox"/> I will pick up from 101 Grove, Rm 113

DECEDENT INFORMATION

First Name	Last Name	Date of Death	EDRS / FDRS Record Number	Death Cert	Fetal Death	Burial Permit	NCD Letter

ORDER LOGISTICS NUMBER: