



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

https://cchealth.org/vital-registration/pdf/form_death_related_purchases.pdf

<https://funeralhome.vitalchek.com/fhphome.xhtml>

APPLICATION FOR FUNERAL HOME/MORTUARY PURCHASES ONLY

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

ITEM	QTY	PRICE	TOTAL	
Death Certificate		x \$28.00	=\$	<input type="checkbox"/> I WILL PICK UP ORDER
Fetal Death Cert		x \$25.00	=\$	<input type="checkbox"/> PLEASE MAIL MY ORDER.
Transit Letter		x \$10.00	=\$	❖ FOR FASTER DELIVERY INCLUDE SASE
Burial Permit		x \$12.00	=\$	❖ MAKE CHECKS PAYABLE TO: VITAL REGISTRATION
After Hours Filing Fee		X \$50.00	=\$	ONLINE ORDER #
TOTAL ENCLOSED			\$	

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

Funeral Home/Mortuary Name		Your Name
Address – Number, Street →		Phone # Number in case clarification is needed.
City, State & ZIP Code →		Email

DEATH CERTIFICATE INFORMATION

First Name of Decedent	Last Name	Amended Copies? No <input type="checkbox"/> Yes <input type="checkbox"/>
City of Death	Date of Death	Do NOT place order for amended copies until we notify you via fax that amendment is available.

VITAL REGISTRATION OFFICE USE ONLY

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