

Health, Housing & Community Services Department **Public Health Officer Unit - Office of Vital Statistics** 1947 Center Street Berkeley, CA 94704

Funeral Home Hours: MON-THU: 9:30 - 11:30 AM & 1:30 - 3:30 PM

Phone: (510) 981.5320 – Fax: (510) 981.5395 Email: vitalrecords@cityofberkeley.info

# DEATH CERTIFICATE REQUEST FORM

Funeral Homes/Mortuary & Cemeteries ONLY

1 NAME ON CERTIFICATE (Please complete every field below.)						BN#:				
Middle Initial(s): Last Name						Type of Order:			Date of Death:	
					☐ First Orde	r □ Reorder				
Method of	Method of Delivery:			Veteran's Copy (No charge):			Number of Paid Copies:			
☐ Send	☐ Send by Mail ☐ We'll Pick-up				□ Yes □ No					
2 APPLICANT INFORMATION (REQUESTOR)										
Name of Establishment:			Contact Person:			Telephone Number:			Payment Method:	
									□ Cash	☐ Check
Mail Death Certificate(s) to Address:			City			S			ip Code:	
3 SWORN STATEMENT										
I,										
, at th	e city of				·					
(Signature)  DB-VS006 (JAN/2022)  FUNERAL HOME DEATH CERTIFICATE FORM										
	Method of  Send  ON (REQUES  an authorized p d of the individ, at the	Method of Delivery:  Send by Mail  ON (REQUESTOR)  an authorized person, as of d of the individual named YYYY	Middle Initial(s): Last Name:    Method of Delivery:   We'll Pick-   Send by Mail   We'll Pick-   Contact Pers   Contact Pers   an authorized person, as defined in Cad of the individual named above.   Yyyy	Middle Initial(s): Last Name:    Method of Delivery:	Method of Delivery: Send by Mail We'll Pick-up  Contact Person:  City  an authorized person, as defined in California Health d of the individual named above.  , at the city of,,	Method of Delivery: Send by Mail We'll Pick-up Yes  Contact Person:  City  City  City  , swear unde an authorized person, as defined in California Health and Sa'd of the individual named above.  , at the city of, at the city of,	Middle Initial(s): Last Name: Type of Order:	Middle Initial(s): Last Name: Type of Order: First Order Reord  Method of Delivery: Veteran's Copy (No charge): Number  Send by Mail We'll Pick-up Yes No  Contact Person: Telephone Number:  City State:  an authorized person, as defined in California Health and Safety Code Section 1035: d of the individual named above.  YYYYY (Signal	Middle Initial(s): Last Name: Type of Order: ☐ First Order ☐ Reorder    Method of Delivery: ☐ Send by Mail ☐ We'll Pick-up ☐ Yes ☐ No   Contact Person: Telephone Number: Payron	Middle Initial(s): Last Name: Type of Order: First Order Reorder    Method of Delivery: Veteran's Copy (No charge): Number of Paid Copie   Send by Mail   We'll Pick-up   Yes   No

## 4 ADDITIONAL INFORMATION

- Funeral Homes are encouraged to fax request forms in advance in order to expedite the process. Fax: 510-981-5395.
- Forms of payment accepted by mail: Check/Postal or Bank Money Order (International Money Order only for out-of-country requests). Make checks/money orders payable to: City of Berkeley.
- Processing time for requests submitted by mail is <u>2-3 weeks</u> from the date the request is received.
- Notarization is NOT required for Funeral Home Directors/Designees.
- ORDER ONLINE: Visit www.vitalchek.com to place your "City of Berkeley" order.
  - °Look for a confirmation email (Authorization Form attached) sent to you by VitalChek.com.
  - °Print/Complete the Authorization Form. Notarization not necessary.
  - °Fax the Authorization Form to the number listed on the upper left corner of it.
  - °Within 2 to 3 weeks you will receive your order by the carrier you picked (unless you selected expedite service, which is overnight).
  - °VitalChek charges a fee for their services. Please check their website for the current fee.

#### 5 IMPORTANT NOTICE

Funeral home directors and its employees DO NOT need to take a number at the Customer Service Desk (1<sup>st</sup> Floor). Please go directly to the security desk and inform the guard you represent a funeral home/cemetery/mortuary. The guards are instructed to contact us and direct you to the right location of our office.

### 6 OUR CONTACT INFORMATION

City of Berkeley Office of Vital Statistics 1947 Center Street Berkeley, CA 94704 www.cityofberkeley.info/vitalstatistics, Email: vitalrecords@cityofberkeley.info Telephone: (510) 981-5320, Fax: (510) 981-5395

# CITY OF BERKELEY VITAL STATS FEES EFFECTIVE JANUARY 1, 2022

Death Certificate DC & 1 Permit DC & 2 Permits \$26.00 \$50.00 1 1 \$38.00 1 2 2 \$52.00 2 \$64.00 \$76.00 3 \$78.00 \$90.00 3

\$102.00 4 \$104.00 \$116.00 4 \$128.00 5 5 \$154.00 \$130.00 5 \$142.00 6 \$156.00 6 \$168.00 6 \$180.00 7 \$182.00 7 \$194.00 7 \$206.00 8 \$208.00 \$220.00 8 \$232.00 9 9 9 \$258.00 \$234.00 \$246.00 10 \$260.00 \$272.00 10 \$284.00 10 \$310.00 11 \$286.00 11 \$298.00 11 \$324.00 \$336.00 12 \$312.00 12 12 13 \$338.00 13 \$350.00 13 \$362.00 14 \$364.00 \$376.00 14 \$388.00 15 \$390.00 15 \$402.00 15 \$414.00 \$428.00 \$440.00 16 \$416.00 16 16 \$466.00 17 \$442.00 17 \$454.00 17 18 \$468.00 18 \$480.00 18 \$492.00 19 \$494.00 19 \$506.00 19 \$518.00 20 \$520.00 \$532.00 20 \$544.00

Permit: \$12.00 Transit Letter: \$4.00